may be ret TO HOSPITA

VS A15 (4) 15M 9/5B

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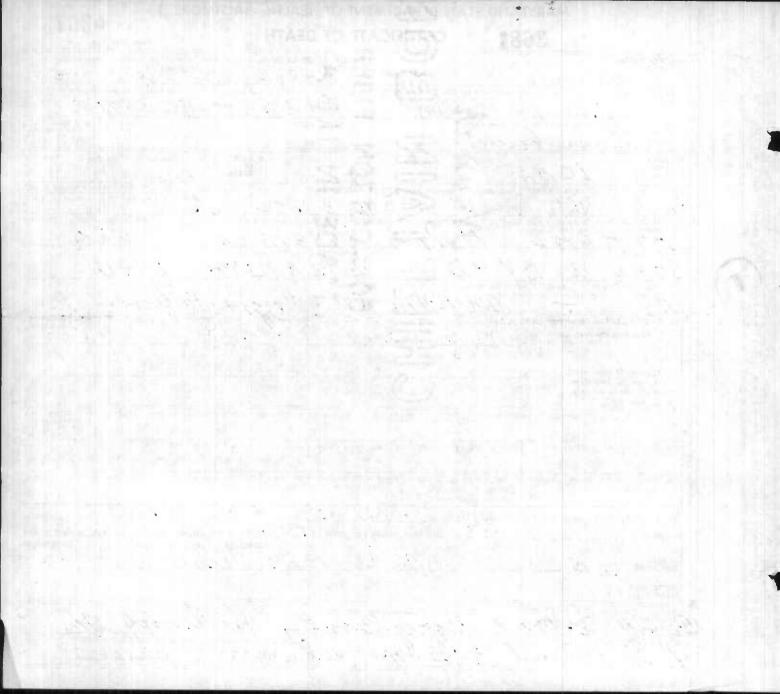
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

03673

0001				Keg. Dist	. No.
1. PLACE OF DEATH o. COUNTY ///Com/co	MARYLAND	O. STATE		If institution: Residence COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	STAY IN 1b	c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL ond gi	ve nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION	*/	d. STREET ADDRESS	757-	DELIT	e. IS RESIDENCE ON A FARM? YES NO
	Aiddle	B. Lost	4. DATE OF DEATH	Month	Day Year 12 19 53
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	MARRIED B.	DATE OF BIRTH	9. AGE	1 41 1	YEAR IF UNDER 24 HR. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	ESS OR INDUST	11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME SOHN W. BVRD		ELIZAG	NAME	BYR	D
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or ynknown) (If yes, give wor or dates of service)	49/0 INF	Clail Kn	eght-1	Haller.	I Va
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	andia	(Jus	Larch		INTERVAL BETWEEN ONSET AND DEATH
1420. DUE TO Conditions, if ony, which (b)		0			
gove rise to immediate couse (a), stating the <u>under-lying cause lost.</u>					
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT N	OT RELATED TO THE TERM	sinal disease cond	ITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED.	(Enter nature of injury in	Port 1 ar Part 11 af it	em 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURREI Hour a. m. p. m. 19 While at wark □ of wark □		E OF INJURY Home, form ry, street, office bldg., etc.		n) (C	ounty) (Stot
21. I certify that I attended the deceased fram	$3 \sim 1 \sqrt{2}$, 19 <u>59,</u> ta accurred at 130 /	$\frac{3-1}{2}$		t saw the decease date stated abov
ACTUAL SIGNATURE WILLIAM BC. 90	Cro /m	5 00	ADDRESS (Street, cit	y or tawn, state)	DATE SIGNI
PHYSICIAN'S NAME (Type)					
Bremoval (Specify) 3-15-59 /34	CEMETERY OR	meting	Hall	word,	(Stote)
23. FÜNERAL DIRECTOR'S IGNATURE ADDRESS	elmo	Leuk DATE N	AR 1 7 '59	24b. REGISTRAR'S SIG	



FOR STATE Virector. Page Your files. of Health,

ter death. If any delay is n. 3-2 and 3 to the funeral Page 5 may be retained. Jund 2 with the State Go ours ofter death. to defuty MERICAL EXAMINER: This certificate should be executed within 24 hours after death.

execute the lifticate, writing the word "pending" in pencil in Item, 18. Give Pages 3-2 and 4 should be awarded to the Chief Medical Examiner's Office along with form PMS. Page 5 in To FuneRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 or its designated agent, prior to barial, crematian, ar removal, and in any event within 72 hou

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3682 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03674 Rea Dist No.

		2000	1 7 2 7 7 11 0 5 1 0	7-17-17	_ C U					
DE COUNTY				O STATE			b. COUNT	Y -		
	Wicomico		MARYLAN	D	Maryl	Land		Son	erset	
and give near		e FURAL	c. LENGTH OF STAY IN 1				orote limits, write	RURAL ond	give neorest	town)
	OSPITAL OR INSTITUTION (of and in har	ated at a second at the second		ADDRESS	ss Anr	10		10	RESIDENCE
	a		spiral, give street address)						0	N A FARM?
	insula Gene	ral I	Hospital	H	ampto	on Ave	9.		AE2	□ NO □
3. NAME OF DECEASED (Type or print)	Charles	at	William	ها Ballard		4. DATE OF DEATH	Mont	18-	Day	Yeor 19 59
5. SEX		7. MARRI	ED NEVER MARRIED				9. AGE fin years	IF UNDER	YEAR IF UN	IDER 24 HRS.
M	C	WIDOWE		8/19/4	A 19	18	3988 yrs.	Months (Days Hour	Min.
100. USUAL OCCI	PATION (Give kind of work working life, even if retired)	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHE	LACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY?
ابل	JBAR	FU	JNERAL HOME		LAND			US	. A.	
13. FATHER'S NA				14. MOTHER	S MAIDEN N	AME				
CHA:	RLES BALLAR	D		MAG	IE MC	DRRIS				
15. WAS DECEAS	ED EVER IN U. S. ARMED FO	RCES? 16.		INFORMANT	A T T A T	25	Address			
	1. 10. 9.0 0.00.01			MAGIE B	ALLAF	RD PF	RINCESS	ANNE	, MD	
gave rise to (a), stating couse last.	if any, which immediate cause the underlying DUE TO (c))	of DUTRIBUTING TO DEATH BL				CONDITION GI	VEN IN PART	1(o) 19, WA	min.
PART									YES TY	FORMED?
	INJURY Month, Doy, Ye	Sta or 20d. Whil	INJURY OCCURRED 20e.	other di	uring	a fi	ght	(Cov		rset
21. I certi	fy that I took charge	e of the	remains described a	bove, held a	n Autops	y 💟, In	spection 🔀	, Inquir		ind in my
opinion d	eoth resulted from:	Natural	causes , Acciden	t . Suicie	de [], [Homicide	X, Undete	ermined m	nanner]
ACTUAL SIGNATURE	Earl L	14	V	M.D. CHIEF	MEDICAL EX	XAMINER [DAT	SIGNED
EXAMINER'S NAME (Type	Earl L.	Roye	r, M.D.			EXAMINER		-23-5	9	
220. BURIAL, CRE	MATION, 226. DATE THEREO	59	John Wesl			-	ION (City, town,			ote)
23. FUNERAL DIR	CTOR'S SIGNATURE		ADDRESS	- 1	240. REC"	D BY REGISTR	COSS A	nne, M	NATURE	nd
WTLLT		TO TH			1			10		
77 1 1 1 1 1	AM H. JAMES	JH . PI	RINCESS ANN	E.MD	DATE		59	Inthe J	2.2	

HEADY TO STADEITHED DESCRIPTION OF DEATH BUILD THE PROPERTY OF THE PROP

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the Missionse, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral virector. Page 4 should be worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL PRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State board of Health, or its designated agent, prior to buriol, cremation, or removal, and in any event/within 72 hours after death.

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OF

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3683 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03675

Reg. Dist. No.

1, PL	COUNTY W1	.comico		MARYLAND	o. STATE Ma		sed lived. If instit b. COUN		ce before od	
b. 1	and nive sensest towns	alisbury	FURAL C. LE	ENGTH OF STAY IN 16		VN (If outside cor	porote limits, write	RURAL ond	give neorest	town)
d.		or institution (in Gen Ho		give street address)	d. STREET ADDR		outh Div	rision		RESIDENCE N A FARM? NO X
DE	AME OF ECEASED ype or print)	JAME		FRANKLIN	BAYSING	ER 4. DATE OF DEATH	MARCH		P°y 4th	Yeor 1959
5. SEX	x Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	Jan. 4,1	905	9. AGE (In years last pirthday) 54 yrs.	Months D	YEAR IF UN	Min.
R	USUAL OCCUPATION ring most of working etired I ATHER'S NAME	N (Give kind of work of life, even if retired) Pruck Dri	ver	None	Medin	a Unio	country)		S A	T COUNTRY?
		D=			T4. MOTHER'S MAII	-				
T5. W	VAS DECEASED EVE	Baysinge R IN U. S. ARMED FOI W. W. #II	RCES? 16. SOCIA 220-	L SECURITY NO. 17.	Melvin 304 Pa	C. Hau Dishar rk Heig	roon(Ner	hew T	ruste	ee) y,Md.
	PART I. DEATH	ole cause	Co	, (b), ond (c).]	oul.	Les			INTERVAL BET	WEEN
CERTIFICATION	PART II, OTHE	R SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GI	VEN IN PART I	I(o) 19. WAS PERF YES [ORMED?
CERTIFI	PRIMARY OF CONTAUSE OF DEATH.	SE WAS TRIBUTING []	DESCRIBE HOW	/ INJURY OCCURRED.	Enter noture of injury i	in Part I or Part II	of item 18.)			•
MEDICAL	Hour o. m. p. m.	Month, Doy, Yeo	r 20d. INJURY While of work	Not while foc	CE OF INJURY (Home lory, street, office bldg	, form, 20f. (Cit)	y or lown)	(Count	(y)	(Stole)
				ins described abo	_		nspection 🕅	, <u>Inquiry</u> ermined mo		nd in my
	ACTUAL SIGNATURE	at L.	La o		M.D. CHIEF MEDIC	AL EXAMINER			DATE	SIGNED
	EYAMINER'S	Earl L.	Royer		ASSISTANT M	NEDICAL EXAMINE		March	16	/1959
220. 8	BURIAL CREMATION REMOVAL (SPACIFY) BUPIAL	Mar. 17,		NAME OF CEMETERY OF BUCKINGHAI			TION (City, town, erlin, l	or county) Maryla	amd (si	ole)
	UNERAL DIRECTOR'S			ADDRESS		REC'D BY REGIST		STRAR'S SIGN	IATURE	LAND TO
THO	LLOWAY 8	c COMPANY	SALIS	BURY MAR	YT AND DAT	CHAD 1 7 15	59 1 0	Thur & +	Tomas	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

M TO FUNERAL IT, CTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 stould be filed with the registrar priar ta burial, cremation, ar remaval, and in any event within 72 haurs affer death.

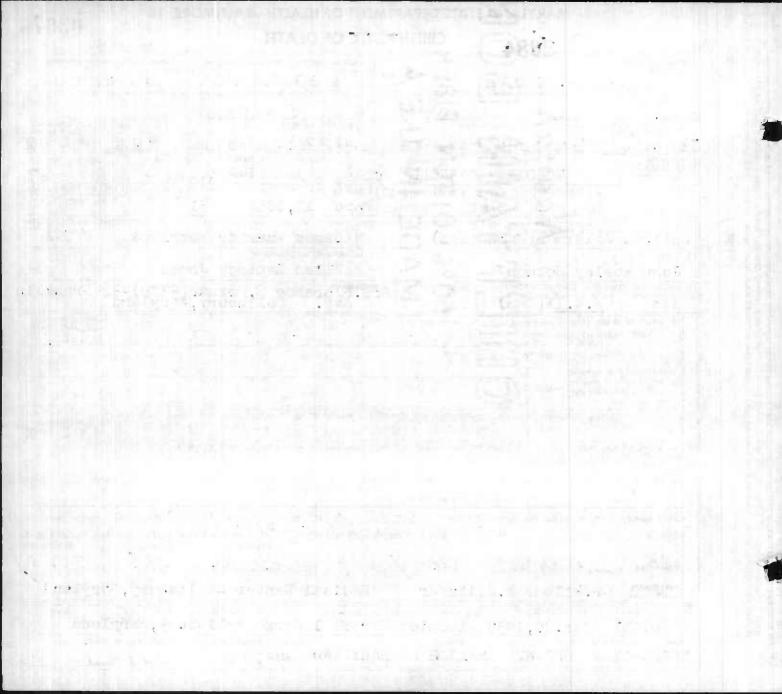
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VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		368	Z.	CERT	IFiC.	ATE OF DEATH	1	OKE, I	Reg. Di		03	676
1. 1	LACE OF DEATH	M 1 C.C		MAR	YLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived	I. If institution b. COUNTY	ın: Residen			
1	CITY OR TOWN (If autsid RURAL and give nearest to	e carporate limit		c. LENGTH OF STAT	(IN 1b	c. CITY OR TOWN (If or	utside carporate li	mits, write RL				
0	NAME OF HOSPITAL (IF OR INSTITUTION		ve street o	ddress) HOSPITA	7 -	d. STREET ADDRESS	ANKLI	N	AUE		IS RESII	
3. 1	IAME OF DECEASED Type or print)	Firs WOOD I		CARROLL	ï	Bozman	4. DATE OF DEATH	Man	h }	Day		ear 959
s. s	-1 - 7		7. MARRII	ED NEVER MARR		B. DATE OF BIRTH March 10,18		E (In years it birthday) yrs.	Months Months	Days I	Haurs	Min.
-	during most of working life	e kind of work do even if retired sman(F			OR INDU	Dames Qu	or foreign country			ZEN OF W		
13.	John Wesle	y Bozma	n			14. MOTHER'S MAIDEN N Ellen Re		Jones			4	
1S. (Yes	WAS DECEASED EVER IN U		vice)	OCIAL SECURITY NO	o. Mi	Ne Ave.	S.Bozma lisbur	an(Wi	fe)4	22 F	ran	kli
	18. CAUSE OF DEATH (E	nter anly ane cau	se per line	e for (0), (b), and (c)	es an	Cal Tr	fare	6		ONSET	AND I	DEATH
	Canditians, if any, wh gave rise to immedicause (a), stating the uni- lying cause last.	ate (DUE TO		J			0					
CATION	PART II. OTHER SIG	NIFICANT COND	OITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COM	IDITION GIV	EN IN PAR		PERFOR	UTOPSY MED?
CERTIF	20g. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	20b. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter nature of injury in F	art I ar Part II af	item 1B.)				
MEDICAL	20c. TIME OF INJURY Ma Haur a. m. p. m.	nth, Day, Yea 19	20d. IN While at wark	JURY OCCURRED Nat while at wark		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.		wn)	(0	Caunty)		(State)
	21. I certify that I calive an	17	191	- 3	t death	7 , 19 57, to accurred at Sister M.D. Sister Cer	ADDRESS (Street,	city ar tawn,	d an the	e date s	DATE 3-1	abave.
220	BURIAL, CREMATION, 221			22c. NAME OF CEN			22d. LOCATION		r caunty)		(State	
	OLLOWAY &	ATURE		ADDRESS SALISBUR		24a. REC'I	BY REGISTRAR	24b. REGIS	*	GNATURE		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		36	85	CERTIFIC	ATE OF DEATH	1		Reg. Dist.		11367
1.	PLACE OF DEATH	icomico		MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryla		d lived. If institutio b. COUNTY	n Residence		dmission)
	b. CITY OR TOWN RURAL and give r Salisbur	(If outside carporote limi learest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		prote limits, write RU	IRAL and give	e nearest	town)
	OR INSTITUTION	TAL (If not in hospital, of Head State			d. STREET ADDRESS R.D.#	1			C	RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	Fii Bert		Middle L.	Bradford	4. DATE OF DEATH	Mont		Doy 5	Year 19 59
5.	Female	6. COLOR OR RACE White	7. MARR	DIVORCED	B. DATE OF BIRTH Sept.16,188	6	9. AGE (In years last birthday) 72 yrs.	1		UNDER 24 HRS
	Housewi	rking life, even if retired	dane 10b.	None	The state of the s	d(Wor	ountry)	0 1	USA	HAT COUNTR
13	I siah	Powell			14. MOTHER'S MAIDEN N		ns			
15 (Y	. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	s. Ronnie Ke	l Reco	ords Addressed (ter) R.D.#
		the under-	di:		Pittsvill teriosclerotic			r	ONSET /	AND DEATH Years
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIVE	N IN PART 1	PE	VAS AUTOPSY ERFORMED?
		AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I or Part	t II of item 1B.)			
MEDICAL	Hour o.m.	RY Month, Day, Yes	20d. It While at work	_ Not while fe	TACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City	or tawn)	(Cou	nty)	(State
	21. I certify the control of the con	arch 5,	1959	and that deat	h accurred at 2:201	•M, from ADDRESS (Si lead St	tate Hosp	nd an the	date s	the decease tated above DATE SIGN /5/59
22	BURIAL, CREMATIC REMOVAL (Specify BUTIS	4 20 0 7		Riverside	or crematory e Cemetery		Cester C			(State) and

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY

ADDRESS SALISBURY MARYLAND

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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ALCOHOLD TONIO					ę a	

Page files. Heolth. of moy be retoined puo 50 Poges 1, 2, on n PM3. Page 5 pages 1 and 2 ent within 72 h Office along with farm PM3. al-transit permit. File pages pending" in pencil in the cal Exominer's Office all used as a burial-transit Chief Medical Established Should be used Chief to the CTOR: should FUNER

VS. A1SME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) and give nearest town) Salisbury Selbyville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Peninsula General Hospital YES NO 3. NAME OF DECEASED First Middle 4. DATE Month Yeor (Type or print) DEATH 1599 Dannis 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED | DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (if yes, give war ar dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS ICATION PERFORMED? NO [200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while 0 100 of work of work 21. I certify that I taok charge of the remains described above, held an Autopsy 17. Inspection A. Inquiry and in my opinion death resulted from: Natural causes 9. Suicide . Homicide . Undetermined manner Accident ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 3-19-59 Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL-(Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE arthur S. Henry DATE

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me alema ale	new after Statements			
Story Sensor	- E) 10 House			

3744 CERTIFICATE OF DEATH 03673

		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Wiscomics MAR	YLAND 2. USUAL RESIDENCE (Where deceased lived. If institute o. STATE Manylone b. COUNT	
b. CITY OR TOWN (If outside corporate limits, write RNRAL and give nearest town).	r IN 16 c. CITY OR TOWN (If putside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS RADIO	e. 15 RESIDENCE ON & FARM? YES NO
3. NAME OF DECEASED (Type or print) Cloven	Brotlen OF DEATH ME	onth Day Yeor 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR DIVORCE DIVORCE DIVORCE	10 1/10/2 [pst/bis/hduy]	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aur for	maryland	12. CITIZEN OF WHAT COUNTRY?
13. SATHER'S NAME B. Bratter	Mortha J. K	inker
(S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO ITEM, no. or unhandown) If yes, give wor or defeat of service)	O. 17. INFORMANY Bratten 1	Allords med.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Solated Hearx	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	ic Brights	Oct 195
lying couse lost. (c)	<u>EATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	19. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while at work at work at work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased fram O alive on Mar 5 -, 1957, and tha	t death accurred at	and an the date stated above.
SIGNATURE COLORS	M.O. / Shirtin Med	(3-10-59
POLOVAL (Specific)	METERY OR CREMATORY 22d. 100 ATON (Giry fown	or county) State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		SISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 funeral director, ould be filed with may be retained by the hospital or attending physician.

TO FUNERAL CAOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shaur. We detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) ISM 9/55

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	To the state of th
	THE PERSON AND

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

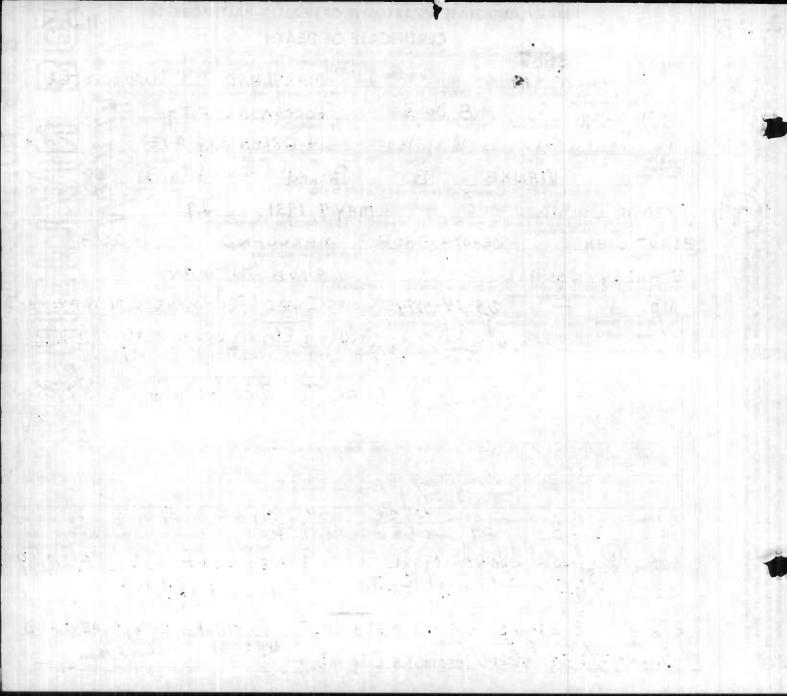
CERTIFICATE OF DEATH

03680

	CERTIFICA	ALL OF DEATH	Reg. Dist	. No.
PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	ed lived. If institution: Residence	before admission)
b. CITY OR TOWN (If outside corporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (II outside corp	orate limits, write PUPAL and ai	CESTER V
RURAL and give nearest tawn)	2 Days	Pocomoki		3 42 5
d. NAME OF HOSPITAL (If bat in haspital, give street add OR INSTITUTION	ress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Peninsula General	1dospital	34 GREENL	WAY AVE.	YES NO
NAME OF First	Middle	Lost 4. DATE OF	Manth	Day Yeor
(Type or print) VIANIA	B.	19 4 rd DEATH	manch	YEAR IF UNDER 24 HRS.
~ 1 , 1 , 1 ,	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	lost birthdoy) Months [Doys Hours Min.
Da. USUAL OCCUPATION (Give kind of work dane 10b. KIN		STRY 11. BIRTH/LACE (Stote or foreign	country) 12.CITIZ	EN OF WHAT COUNTRY?
BEAUTICIAN BEAUTICIAN BEAUTICIAN		MARULAN		SA.
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	, ,	
STANLEY BACALL		VIANNA TA	TMAN	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC Yes, no, or unknown) If yes, give wor or dates of service)	- 1 1100	NFORMANT	Address	
No. - 218		AMES BYRD, PO	ocomoke Cit	, MARYLAI
18. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), and (c).]	Salar Tours	MARY DAKE	ONSEL AND DEATH
IMMEDIATE CAUSE (b)	t- (c)	Don Troumal	Colours	12 NIS
Conditions, if ony, which)	2016/101	10N- Trauman		1
gave rise to immediate cause (o), stating the under.	A-Sma	+ +	That is	Solo.
lying couse lost. (c)	ele 1110	nocythe den	seema	o citing
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
20 ACCIDENT WILL INDERSON TO TOO DESCRIP	S. HOW BLUIDY OCCUPAN	<u> </u>	A H - (2 - 30)	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIE OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter noture of injury in Part 1 or Pa	ort II or Hem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU		ACE OF INJURY (Hame, farm, 20f. (Ci	ty or town) (Co	ounty) (Stote)
Hour o. m. While at work at work	_ 1401 WILLIE B	ctary, street, affice bldg., etc.)		
21. I certify that I attended the deceased	fram 3/20	1959,19=3/2	8, 1957, that I las	t saw the deceased
alive an 3/28 1959	, and that death	accurred at P.M. from	the causes and an the	date stated abaye
ACTUAL Profess of Store	duonin	ADDRESS	Street, city or town state	PATE SIGNED
SIGNATURE COLORS	ance to	M.D. 111 = D.L	OTT KO,	2/20/2/
PHYSICIAN'S KOFUS S.G.	ARDNER,	R. SALI	sbury, Md.	
2d. BURIAL, CREMATION, 22b. DATE THEREOF	C. NAME OF CEMETERY	· 10	ATION (City, town, or county)	(State)
BURIAL 3-31-59	PALEM ME	THODIST POCO	MOKE CITY Y	MARYLAND
THE	ADDRESS	24a. REED Y REGI	STEAR 24b. REGISTRAK'S SIG	Tours !

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained the hospital or attending physician.

TO FUNERAL D: ASTOR: After this certificate has been signed by the attending physician and completely filled in by the inneral directa page 3 should be detached for use as the burial-transit permit. Then please remaye carbon profess. Ages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5B



VS A1S (4) 1SM 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18

3688 CERTIFICATE OF DEATH

03681

	200	0	OEIK1111		IL OI DEAII			Reg. Dist	No.	
1. PLACE OF DEATH o. COUNTY Wind	comico		MARYLA		2. USUAL RESIDENCE (WE o. SIATE Maryland	nere decease	d lived. If institution b. COUNTY	n: Residence	before odmis	ision)
b. CITY OR TOWN (If RURAL and give ne	foutside corporate fimi arest town)	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	outside corpo	orate limits, write RU	IRAL and give	ve nearest tow	m)
Salisbury	, Maryland		1 mo. 2 da	ays	Berlin		2	3 X -	14	N. H. E
OR INSTITUTION	AL (If not in haspital, o				d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
Deer's F	Head State	Hosp:	ital		9 Maryla	nd Av	e.		YES	ON [
3. NAME OF DECEASED (Type or print)	Bessi		CHAIR E	35	Calder	4. DATE OF DEATH	Month Marc		Doy 14	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8.	DATE OF BIRTH				YEAR IF UND	
Female	White	WIDOWI	ED DIVORCED [5	10/26/1892		last birthday) yrs.	Months B	lays Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	NDUSTI	RY 11. BIRTHPLACE (State	ar foreign c	ountry)	12. CITIZ	EN OF WHA	T COUNTR
unk	my me, even il remed	,	unk		Showel	1, Md	•	USA	I .	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
Joh	nn M. Rvan				Ana Dais	ev Car	mpbell			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT		Addre	255		
unk	in yes, give war or dates or t	arvice)	unk	H	ospital Reco	rds,	Salisbur	y, Mar	yland	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which nmediate the under-	, 1	ne for (o). (b). and (c).] Cerebral Thr Arterioscler	osis	osis with le	ft hen	niplegia		interval B ONSET AND 3 mo	etween D DEATH Onths
PART II. OTH		DITIONS C		BUT N	OT RELATED TO THE TERMI			N IN PART	PERF	AUTOPSY ORMED?
٠,	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Manth, Day, Ye		NJURY OCCURRED 20	e. PLAC	E OF INJURY (Hame, farm ry, street, affice bldg., etc	, 20f. (City		(Co	unly)	(State)
actual SIGNATURE	at I attended the arch 13	19	59, and that de	12 eath a	ccurred at 1:00A	ADDRESS (S	14, 1959 in the causes ar freet, city or town, s bury, Md.	nd on the		
220. BURIAL, CREMATION ROMOVAL (Specify)			22c. NAME OF CEMETE		CREMATORY G G N	22d. LOCA	TION (City, town, as	county)	(Sto	1 D
23. FUNERAL DIRECTOR'S	SIGNATURE BU	boy	e Beile	ù	DATEMA	D BY REGIST	0	RAR'S SIGN		

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DANIEL CHAPTER ST. HAVING STORE TO		

FOR STATE HEALTH DEPT.

ector. Page your files. M 80

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the ficate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 72 harryafter death. VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03682 Rea. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
" o. COUNTY Wicomico MARYLAND	o. STATE Maryland b. COUNTY Worcester
b. CITY OR TOWN (It outside corporate limits, write RURAL ond give negrest lown) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury 7 days	Snow Hill 23 X-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
Peninsula General Hospital	$\mathbb{R} = \mathbb{R} + \mathbb{R} \mathbb{R} + \mathbb{R} + \mathbb{R} = \mathbb{R} + \mathbb{R} + \mathbb{R} + \mathbb{R} + \mathbb{R} = \mathbb{R} + $
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
(Type or print) Edgar S	Carmean DEATH 3 = 21 = 19 59
5. SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED	
M WIDOWED DIVORCED	9=22=1875 83yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
Killed Siamer own Jasm	Snow Will mil
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Willard & Carrier	(VIII alla Harrons)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT: Address / Address /
(Yes, na, or unknown) (II yes, give war at datas af service)	and Whilling Null . Solichen mil
110 your VII	in confiny many survius, 1119
18. CAUSE OF DEATH [Enter only one cause per lig6 for (a), (b), and (c).]	204 Snow HUL Bind GONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia	days
422,1 DUE TO	
Conditions. if ony. which) (b) Arterio-scle	rotic cardio-vascular disease years
gave rise to immediate cause	
(a), stating the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
	YES NO.
206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DE CAUSE OF DEATH	(Enter nature of injury in Part t or Part II of item 18.)
Let'l Til Own in	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
Thought a. m	wn home Snow Hill Worcester Md
21. I certify that I taak charge of the remains described ob-	ove, held on Autapsy . Inspection A. Inquiry A. and in my
opinian death resulted from: Notural couses . Accident	Suicide , Homicide , Undetermined manner
Accident	Solicide [1], Hollineide [1], Olidelermined mulliler
ACTUAL & VIVE	CHIEF MEDICAL EXAMINER C
SIGNATURE / COL	m.u.
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER \$ 3-23-59
220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	BUCREMATORY 22d. MOCATION (City, Jown, or county) (Stote)
ARTHOVAL (Specify)	
4 mude flanch 24/5 9 Dales III. UK	octivity Snow Dell. mc
20. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	oclivily Snow Delle MG
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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FOR ST	ATE				DICA	LEXAMINER	3 CERTI	IFICATE	OF DE	AIII	Reg. Dist, No		00()
HEALTH	DEPT.	1. 7	LACE OF DEATH	3692	Y	MARYLANE		aryland	e deceased live		tian: Residence bel	ore odmis	ssion)
Page Files.		b	the second of th	If autside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16			side carporote	limits, write	RURAL and give n	earest for	vn)
Sary			Salisbu			1 Mo.4 Days	1/2 Sa	lisbury					
5	00	d	. NAME OF HOSPIT	TAL OR INSTITUTION (II	not in hos	pital, give street address)		T ADDRESS				e. IS RE	A FARM?
is a de	82			ula General	Hospi	tal	0e	ean City				YES &	NO 🗌
he fun e retair he Stal er deat		1	NAME OF DECEASED Type or print)	Handy		Middle Eugene	Cex		OF DEATH	Month 3	13 Doy	. 19	9 59
may by with t		5. \$	Male	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED DIVORCED DIVORCED	Sept 2,		lort I	E (In years pirthdoy) B yes.	Months Doys	Hours	Min.
Page 5	13	100 d	USUAL OCCUPATI	ON (Give kind of work d ng life, even if retired) & Retail Pro	ane 10b. K	IND OF BUSINESS OR INDU		PLACE (Slote or I	fareign country)		US.A.	F WHAT	COUNTRY?
offe Car		13.	FATHER'S NAME				14. MOTHER	'S MAIDEN NAM	NE .				
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m 18 ng v				ATH [Enter only one cour	e per line	for (o), (b), ond (c).]		~			A. INTE	WAL BETWEE	TH AH
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miner and an. or			(o), stating the cause last.	(c).	,	oflo	22			0			0
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and "		CERTIFI	20g. EXTERNAL CA PRIMARY gr CO CAUSE OF DEATH	INTRIBUTING DE	DESCRIBI	HOW INJURY OCCURRED.	(Enter noture of	irius pron le	r Port II of item	18.)	Ilye	~	
Chief 3 shar	22	WEDICAL	20c. TIME OF INJU	7 - 9	- 6 140 1		ACE OF INJURY	(Home, form, ince bldg., etc.)	20f. (City or low	(n)	(Couply)		(State)
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EXA						auses . Accident							
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he o	Res		EXAMINER'S					TANT MEDICAL E	-	-	3-16-	57	
des des			NAME (Type)	Earl L. Roy				TY MEDICAL EXA					-
sha sha		220	REMOVAL (Specify	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY C		22	Siloan				
5 . 5 .		73	Burial FUNERAL DIRECTO	3/11/29		Siloam Ceme	b erl	240. REC'D 8			STRAR'S SIGNATU	RF	
VS. A15ME	0.	20.			alish	oury, M ^A ryland			R 1 9 '59		Lithur & to		
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VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03687

	3693	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.	00 6
PLACE OF DEATH	icomico	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryl	nere deceased lived. If institution b. COUNTY	wicomico	mission)
RURAL and give ned	outside corporate limits, write prest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporote limits, write RU	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	own)
OR INSTITUTION	AL (If not in hospitol, give stree en Gen Hospi		d. STREET ADDRESS	V. Vine St	10	RESIDENCE
3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle BRYAN	CROCKETT	4. DATE Mont OF DEATH MARCH	/	Year 19 59
s. sex Male	White Widov	RRIED X NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 14,1	lost birthdoy)	Months Days Hou	1
10a. USUAL OCCUPATION during most of working Merchant 13. FATHER'S NAME	ing life, even if retired)	ery Store	Somerset 14. MOTHER'S MAIDEN N	Co. Marylan	12. CITIZEN OF WHA	A COUNTRY
1S. WAS DECEASED EVER	homas Crocke IN U. S. ARMED FORCES? 16 f yes, give wor or doles of service)		Ida F. D	P.Crockett	Wife)112 Maryland	West
Conditions, if on gove rise to im couse (o), stoting the lying cause lost.	he under-	Otiles) STOUCHO D CONTRIBUTING TO DEATH BU	Meunon TNOT RELATED TO THE TERMI	cut serve ia	4 4 0 1 1 LL EN IN PART 1(0) 19. W.	las, As Autopsy RFORMED?
PART II. OTHE	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of item 18.)		NO NO □
20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Home, farm octory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote
21. I certify the alive an3 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr.	Lufus S.Ga	59, and that deat lander, r. rdner Jr.	h accurred all:00P M.D. Pine Bluff	`Rodd-Salisb	d on the date states to the date of the da	/195
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	Mar. 29,195		ll Memory Ga		isbury, Ma	stote) aryla:
23. FUNERAL DIRECTOR'S HOLLOWAY		SALISBURY MA	ARYLAND DATE	MAD 9 4 ICO	TRAR'S SIGNATURE	

entitle all - P. L. TERROTH STATE TAXA Et O 12 Took, 45 don 1 ACE IN LOS Example of Companies 8826 N. 252 Control of the Contro المتحديد والمراجع والمتحدد وال The state of the s Antill the colors and Lill Memory General Street Street Colors A CHARLES OF THE PARTY NAMED IN THE PARTY OF A TOTAL OF THE r death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs affa

TO FUNERAL DIR TO HOSPITAL OF

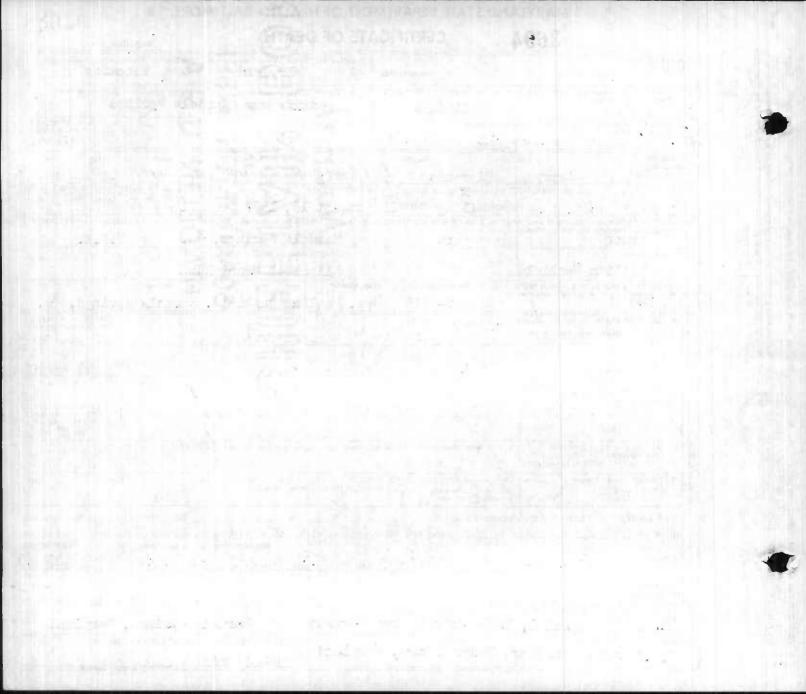
VS A15 (4) 15M 9/5B

3694

CERTIFICATE OF DEATH

Rea. Dist. No.

	PLACE OF DEATH o. COUNTY N COMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALISOURY 11 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Robinsham** Mardela Springs**
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION OF INSTITUTION OF INSTITUTION	Ø. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES ☑ NO ☐
	NAME OF First Middle OFCEASED (Type or print) Henry Clarence	ASHICAD 4. DATE Month Day Year OF DEATH MARCH 28, 1959
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED MALE NEGRO WIDOWED DIVORCED	8. DATE OF BIRTH August 15, 1887 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Haurs Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Farm	USTRY 11. BIRTHPLACE (Stote or foreign country) Mardela Springs, Md. U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	William Dashield	Elizabeth Dashield
A	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address
	No 220-28-4715	Mrs. Pauline Dashield, Mardela Springs, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmon	u Euleolism Interval Between onset and Death J-numer
	Conditions, if ony, which gove rise to immediate (b)	Crombosis Centerian
	couse (o), stating the under- lying couse lost.	
		JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED While Not while of work of twork of twork of two control of two cont	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased fram	th occurred at 9 MeM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) M.D. Security Md 3-285)
	PHYSICIAN'S NAME (Type)	,
1	20. BURIAL, CREMATION, 22b. DATE THEREOF PUTLAL (Specify) April 1, 1959 22c. NAME OF CEMETERY John Wesley	
2	J.J. Framptom and S on, Federalsburg,	Maryland Date MAR 3 1 '59 Callung & Kong



03689

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO D Manth Day Year March 19 59 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH ARCINONA PERFORMED? YES NO 17 (Stote)

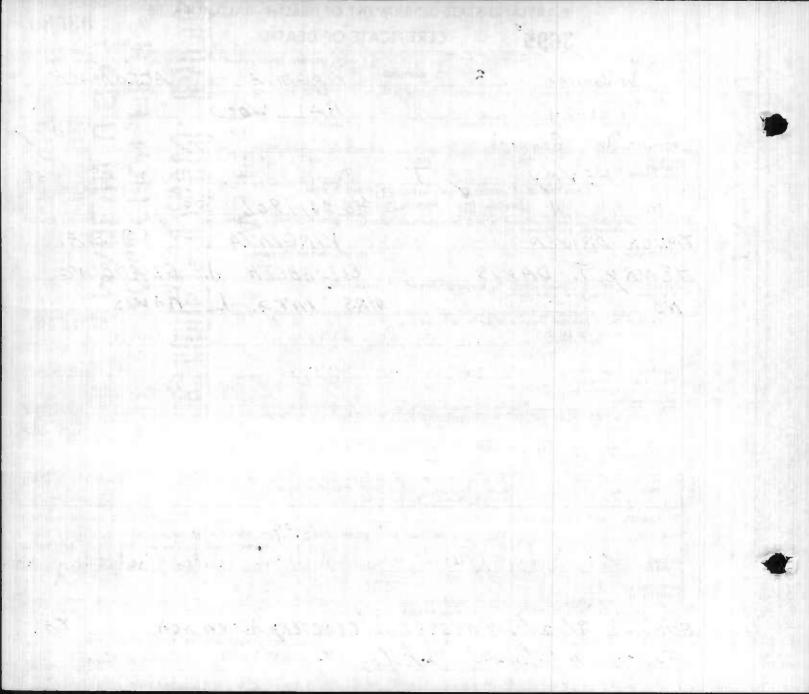
(County)

and that death accurred at 2.70M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

acting & Kings



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

F DEATH

03690

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	374	6	CERTI	FICA	TE OF D	EATH			Reg. D	ist. No.		,001/
1. PLACE OF DEATH o. COUNTY	Vicomico		MARY	LAND	2. USUAL RESIDE			l lived. If institut b. COUNTY				ssion)
b. CITY OR TOWN (IF		its, write	c. LENGTH OF STAY	IN 1b		laryl:		rote limits, write		comi	-	
RURAL and give ne	orest town)		all his l				iside corpo	Ole IIIIII), Wille	KUKAL ONG	give nea	rest tov	mj
d. NAME OF HOSPITA		nive street		776	× Ed.€						- 1C DE	CIDENICS
or institution Rout	11 -				1	Rout	e #2				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fi Baac	Henr	Middle	Da	lost		4. DATE OF DEATH	Mod	nth 3	Doy		Year -19: 59
5. SEX	6. COLOR OR RACE	1	RIED NEVER MARRIE		DATE OF BIRTH			9. AGE (In years	IF UNDE			DER 24 HRS.
M	AA	WIDOWI			11/17/18	389		lost birthdoy) 69 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUST			r foreign co		12. CI	TIZEN O	F WHA	T COUNTRY
Farmer	ng life, even if retired	"	Farming		Mar	vlan	4			USA		
13. FATHER'S NAME			I CALIFICATION		14. MOTHER'S M	-				USA		
Ezra Davis						euver		King "		•		
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. INI	FORMANT			Add	lress			
No				Mrs	. Anna B	. Day	ris. T	den. Md	. Rt	#2		
Conditions, if on gove rise to in couse (o), stoting t lying couse last.	he under-	He	perten	m	'n					3	300	Heni
ICATI			CONTRIBUTING TO DEA						VEN IN PA	RT 1(o) 15	PERF	AUTOPSY ORMED?
	CAUSE OF DEATH	200. DESC	CRIBE HOW INJURY OF	LCUKKED.	(Enfer nature of i	njury in Po	ort I or Part	Il of ifem IB.)				
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. It While at work	Not while	20e. PLAC facto	CE OF INJURY (Ho ory, street, office b	ome, form, oldg., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certify the alive on	at I attended the	decease 19 cel	ed from 2 (death o		10_3	M, fram	the causes of the cause of	and on t		e stat	decease ed abave PATE SIGNE
PHYSICIAN'S NAME (Type) Dy	The A Pro-	rnell			Sa	lisb	iry, l	aryland				
220. BURIAL, CREMATION REMOVAL (Specify)	3/8/19		22c. NAME OF CEME Friendship			1		ion (City, town,	or county)		(Sto	te)
23. FUNERAL DIRECTOR'S			ADDRESS		2	4a. REC'D	BY REGISTI	-	STRAR'S SI	GNATUR	E	
J.F. Stewart	Funeral H	ome,	Salisbury,	Md.	0	ATEMAR	1 0 '59	9 an	Thur S.	Krau	4.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3696 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

			Keg.	DIST. NO.
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Res	idence before admission) ICOMICO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	OF STAY IN 16	c. CITY OR TOWN (If ou	rtside corporate limits, write RURAL o	and give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Pen Gen Hospital		d. STREET ADDRESS	ashington St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print) JOSEPH H	Middle ENRY	DAVIS	4. DATE Month OF DEATH MARCH	Day Year 3rd 1959
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER NEVER 1. MARRIED NEVER NEV		8. DATE OF BIRTH October 28,	9. AGE (in years least birthdoy) 1885 73 yrs.	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU during most of working life, even if retired) Salesman (Employee of Cloth:			r fareign cauntry) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Elijah H. Davis		Mary Jan		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (Yes, no. or unknown) [If yes, give war or dates of service]	JRITY NO. Mr	s. Carolyn D	.Davis(Wife) 2	15 Washingto
18. CAUSE OF DEATH [Enter only one cause per line for (d)] (b) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under: lying couse lost. C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	pul.	edema norale		INTERVAPETWEEN ONSET CHO DEATH I GI
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW I		D. (Enter nature of injury in P.		PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While Nat wh at work of work	nile foo	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that attended the deceased fram.			M, fram the causes and an DDRESS (Street, city or town, state)	arch 4/195
220. BURIAL, CREMATION, REMOVAL (Specify) Burial Mar. 7, 1959 Tyas		th Cemetery	22d. LOCATION (City, town, or coun	vland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRE HOLLOWAY & COMPANY SATISF		BEAT	BY REGISTRAR 246. REGISTRAR'S	S. Frank
HOLLOWAY & COMPANY SALISH	DUMI MA	RYLAND DATEMAN		

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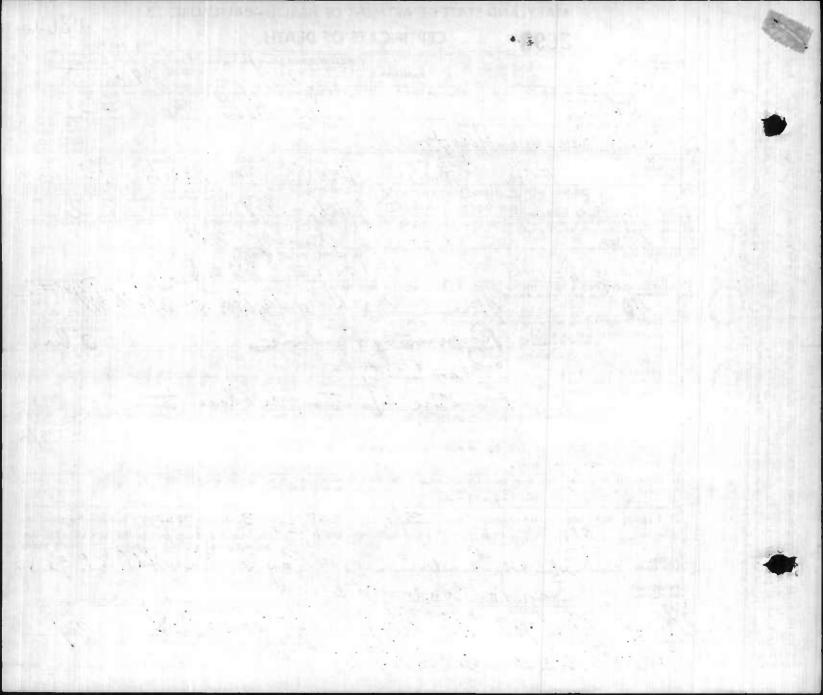
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 8,9 FilmG240 3-31-59 et

		360	77	CERTIF	ICA	TE OF DEA	TH			Reg. Dist		1000%
	PLACE OF DEATH	licomico		MARYL	AND	2. USUAL RESIDENCE o. STATE Mary	(Where dec		. If institution b. COUNTY		e before od	Imission)
	b. CITY OR TOWN (II RURAL and give ne Salisbur	arest town)	ils, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN	(If autside c		mits, write RU		ive negrest	tawn)
	d. NAME OF HOSPIT.	AL (If not in hospitol, Head State		oddress)		d. STREET ADDRESS					0	RESIDENCE IN A FARM?
3.	NAME OF DECEASED (Type or print)	Wi.l.	iam	Middle Elmer		Da vis	4. DA	TE ATH	March		Doy 13	Year 19 59
	Male	6. COLOR OR RACE White	WIDOW			12/11/1/88/	4 188	los			YEAR IF U	NDER 24 HRS. urs Min.
	during most of work Farmer FATHER'S NAME		done 10b.	KIND OF BUSINESS OR Farming	INDUS	TRY 11. BIRTHPLACE (SH Mary 1	Land(F		nsbur		JSA	HAT COUNTRY
16	Lynn Da		ocreo la		1	Ella Ke						
{Ye	Unk.	If yes, give wor or dates of	service)	SOCIAL SECURITY NO.	(1	Daughter)	Will	lecord ards	sMrs. Mary	Arth land	ur D	avis
		TH (Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO	Re	current cero miplegia	ebra	al vascular	accid	lents	with 1	Left	NITERVA ONSET A 2 Yea	L BETWEEN AND DEATH
	Canditians, if ar gave rise to in cause (a), stating I lying cause last.	ny, which)	Ar	teriosclero	s1.s,	general					Yea	ars
CATION		ER SIGNIFICANT CON Diabetes I		CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TE	RMINAL DIS	EASE CON	DITION GIVE	N IN PART	PE	AS AUTOPSY RFORMED?
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury	in Part I or	Port II of	item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	or 20d. It While of wor	Nat while	Oe. PLA foci	CE OF INJURY (Home, fory, street, office bldg.,	etc.)	(City or to	vn)	(Co	ounty)	(Stote)
				ed fram. Feb			Marc	h 13	., 19.59.	that I lo	ast saw t	he deceased
	ACTUAL SIGNATURE	6. Ko	رددا بـــ	and that o	ieath	occurred at 1.2.	ADDRES	\$ (Street, c	ity or town, s	tate)		DATE SIGNED /13/59
	PHYSICIAN'S NAME (Type)	G. Kosmahl	Ly, M	D.		Salisbu	ıry, M	aryla	and			
220	BURIAL, CREMATION REMOVAL (SPECIAL)	Mar. 15		22c. NAME OF CEMET Perdue			Nea	cation (City, town, or	county)	, Mar	Store) yland
	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS SALISBURY	MAI		EC'D BY REMAR 1 7	GISTRAR	24b. REGIST		NATURE	

AND SET		CERTIFIC	\$493	
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2039	CERTIFICA	ALE OF DEATH	Reg. Dist, I	No.
1. PLACE OF DEATH o. COUNTY/COM/CO	MARYLAND	2. USUAL RESIDENCE (Where receosed o. STATE	b. COUNTY	efore admission)
RURAL and hive representations	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpore	te limits, write RURAL and give	nearest town)
OR INSTITUTION ENINOUS A DENERIAL HE	ress)	d. STREET ADDRESS	23x-2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Baby	Sul!	DENNIS 4. DATE OF DEATH	MARCH	Doy + Year 1959
FEMALE COLORED WIDOWED		March 1-1939	last birthday) Months Day	de
10a. USUAL OCCUPATION (Give kind of work dane during matter working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHITACE (State or foreign cou	ntry) 12. CITIZEN	OF WHAT COUNTRY?
SIDNEY DENNIS		14. MOTHER'S MAIDEN NAME FURNELL	the Lee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, no. or utilitrogen) (If yes, give war or dates of service)	CIAL SECURITY NO.	& Gelen Taylor	Inentill,	Kyul#2
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ar (a), (b), and (c).]	Failure		NTERVAL BETWEEN DISET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse last.	remoturis	ty the Pla	e to	
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Port	I af item 18.)	
Hour a.m. While	URY OCCURRED 20e. Pt. Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	or tawn) (Caun	nty) (State)
21. I certify that I attended the deceased alive on	fram. 3//	accurred of 7=A.M. fram the	ne causes and an the do	
PHYSICIAN'S John M.	Bender	m.D.		175/
22h BURIAL, CREMATION, L22h, DATE THEREOF, ROMOVAL (Specify)	MA CEMETERY C	OR CREMATORY 22d. LOCATION OF CHAMILEY SNOT	ON (Gity youn, or dounty)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	AGORESS JA	MC DATE AR 3 '59	AR 24b. REGISTRAR'S SIGNA Cuthung & He	TURE
a 28 16/X	10	/		3040



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9, Film G241, 4/10/59 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNT b. COUNTY MARYLAND b. CITY OR TOWN (if outside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) DEATH AROON 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED 17 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of warking life, even if retired) ō 13. SATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U/S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 420.1 DUE TO Canditians, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (County) (State) 21. I certify that I attended the deceased fram.______, 19____, ta______, 19____, that I last saw the deceased , and that death occurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE

Rea. Dist. No.

Months

Days

ON A FARM? YES TI NO TO

Year

Hours

195

ACTUAL SIGNATURE

Haur a.m.

20c. TIME OF INJURY Month. Day, Year

20d INJURY OCCURRED While Not while at wark at wark 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, affice bldg., etc.)

olive on

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

23 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D BY REGISTRAK

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FUND

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 be retailed by the haspital an attending physician.

NERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, 3 shaulance detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 and 1 and 1 be filed with y be retailed by the haspital ar attending physician.

UNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the 3 shaularde detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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1	SN	A15	(4)

	37	00	CERTI	FICA'	re of de	ATH	1	REELE	Reg. D	ist, No.	176	
1. PLACE OF DEATH o. COUNTY	Wicomio	co	MARY	- 11	o. STATE	y la		d lived. If instituti b. COUNTY	-	nce befor		
b. CITY OR TOWN (I	f autside carporate limi		c. LENGTH OF STAY	IN 1b		V		orale limits, write R			-	V
RURAL and give no Sa	Lisbury		1½ years	[]			pre C		3.V	01-	4	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, geer's Head	Stat	oddress) e Hospital		d. STREET ADD		almor	Court				FARM?
3. NAME OF DECEASED (Type or print)	fir Haj	rold	Middle A •]	Dorsey		4. DATE OF DEATH	Marc	_	25tl		Year 19 59
5. SEX Male	6. COLOR OR RACE Negro	7. MARR	NEVER MARRIED DIVORCE		Nov. 24th	, 1	904	9. AGE (In years last bisthday) 54 yrs.	Months .	R I YEAR Days	IF UNDI Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLAC	yla:	or foreign c	auntry)	12. C	USA		COUNTRY?
13. FATHER'S NAME		-			14. MOTHER'S MA	IDEN N	VAME					
Isiah	Dorsey				Sar	ah	Green					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO		ORMANT			Add	ress			
Unk.	In yes, give not or common to	2	17-05-5551H	I De	er's Hea	d H	ospita	al Record	s, Sa	alist	oury,	Md.
PART I. DEA 2 2 3 × Canditions, if o gave rise to i cause (a), stating lying cause lost.	mmediate (M€	e for (a), (b), and (c).							INTE	ERVAL BEET AND	TWEEN DEATH
САТІС	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO TH	E TERMI	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of in	jury in I	Part I ar Por	t II of item 18.)				
Hour o.m.	Y Manth, Day, Yes	While of wor		facto	E OF INJURY (Har ry, street, affice bl	dg., etc	:-)			(County)		(Stole)
21. I certify the alive an Mar ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Ar. y w	, 12_! 27i	ed framSep 59, and that waw. M. D.	death a	o. Deer	45 . s H	A.M., from ADDRESS (S ead St	n the causes of treel, city or lown, cate Hosp	and an	last so	te state	deceased ed abave ATE SIGNED 5/59
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEME					TION (City, town,		vla	(Siei	e)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24		D BY REGIS	TRAR 24b. REGI	STRAR'S S	IGNATU		
Alington S	. Philli	ps 1	808-10 N.	Mon	roe Sto	MAK	3 0 39	art	my 8	Trous		

CERTIFICATE OF DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	374	7	CERTIFIC	CATE	OF DEAT	TH			Rog. Dis	t. No.	416	0000
1. PLACE OF DEATH o. COUNTY Wi com	ice		MARYLAND		SUAL RESIDENCE (V			nstitution DUNTY		e befor	e admis	sion)
	If outside corporate limi earest tawn)	ts, write	c. LENGTH OF STAY IN 18	, c.	CITY OR TOWN (I	f outside carpo	prote limits,				rest taw	n)
	TAL (If not in hospital, g	ive street o	oddress)	10	STREET ADDRESS					•		SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir	st	Middle SPEARY		Lost	4. DATE OF DEATH		Month 3		Doy	,	Year 19 59
5. SEX Female	6. COLOR OR RACE	WIDOWE	D DIVORCED	Fel	E OF BIRTH		9. AGE (In lost birth	years II	Months	-		
House	ON (Give kind of work king life, even if retired		KIND OF BUSINESS OR INF		Ohio		auntry)			J.S.		COUNTRY
13. FATHER'S NAME George S				14. /	MOTHER'S MAIDEN	NAME						
18. CAUSE OF DEA PART I. DEA Conditions, if o gove rise lo i cause (a), stoting lying couse last. PART II. OTI	mmediate the under- HER SIGNIFICANT CON	use per lin	None	Bro	ELATED TO THE TER		E CONDITIO	DU GIVEN	A IN PART	ONSI	, WAS	AUTOPSY RMED?
_	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yee		JURY OCCURRED 20e. Not while	PLACE OF	INJURY (Home, foreet, office bldg., e	orm, 20f. (City		10.1	(Co	ounty)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S DINAME (Type)		H. Sa	ond that dea	_M.D	Nantico , Marylar	ADDRESS (S	n the cau	ises and town, sta	d an th		e state	deceased ed abave ATE SIGNED
22a. BURIAL, CREMATIC REMOVAL (Specify) BURIA	- 1 1)F	Hebron Cemet		ATORY		ron, l		county)		(Stot	e)
23. FUNERAL DIRECTOR		Sali	address sbury, Maryla	and	24o. RE	C'D BY REGIST	9 24b		RAR'S SIGI			
No	man T. E	Bake	שע									

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

59	413			Reg. Dist	l. No.
1. PLACE OF DEATH o. COUNTY Wicomico	MAF	2. USUAL RESIDE	PENCE (Where deceased lived Maryland		e before admission) OMICO
b. CITY OR TOWN (If outside carporate lin RURAL ond give nearest town) Salisbu		YIN 1b c. CITY OR 1	OWN (If outside corporate line Salisbury	mits, write RURAL and gi	ve nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, OR INSTITUTION Glenn R	give street address)	/d. STREET A	Glenn Road		e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) NETT	irst Midd		4. DATE OF DEATH	Month MARCH	30th 19 59
S. SEX Female 6. COLOR OR RACE White	7. MARRIED NEVER MARI		· los	A bound of the second	YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire Retired Employee	done 10b. KIND OF BUSINESS (Shirt Factor		ACE (State or foreign country) mico Co. Mar		EN OF WHAT COUNTRY? USA
13. FATHER'S NAME			MAIDEN NAME		
Daniel A. Hitche			la C. Maddo		
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) (If yes, give wor or dates of		Mr Vernon Salis	E.Fields(Sbury, Maryla	on) Tio Gl	enn Rd.
gave rise to immediate couse (o), stating the under-lying couse lost.	(b) Hype	Stersen	c.V.D.	egolise	
PART II. OTHER SIGNIFICANT CO					PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1				
20c. TIME OF INJURY Month, Day, Y Hour o. m. p. m.	While Not while	20e. PLACE OF INJURY (wn) (Co	aunty) (State)
21. I certify that I attended the alive on 3/3 a	3, 1959, and the	death accurred at	ADDRESS (Street, o	causes and an the sity or town, state)	t saw the deceased date stated above DATE SIGNED
PHYSICIAN'S Dr. Willia		Medical	Center Sal	isbury, Ma	ryland
220. BURIAL, CREMATION, 22b. DATE THERE Apr. 2,		METERY OR CREMATORY Oint Cemete	11	(City, town, or county) Salisbury	, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPAN	ADDRESS Y SALISBURY	MARYLAND	24a. REC'D BY REGISTRAR DATE APR 2 '59	24b. REGISTRAR'S SIG	

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FOR STATE

HEALTH DEPT

TO DEPUTY AN ECAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the fiscate, writing the word "pending" in pendi in Item 18. Give Pages 2 and 3 to the funeral vector. Page 4 should be warded to the Chief Medical Examiner's Office along with form PMO: Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Body of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 yours after death.

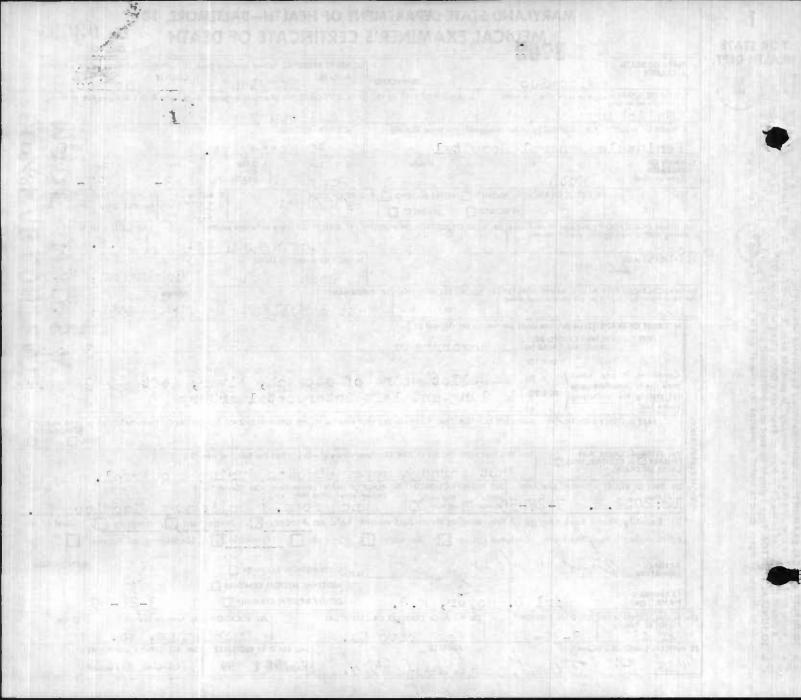
VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03698 Reg. Dist. No.

-			1			M							
1	PLACE OF DEATH	Wicomico		MARYL	AND	2. USUAL RE o. STATE		vhere decesse	b. COUNT	Wicc			ission)
	and give nearest lown		RURAL	c. LENGTH OF STAY II	N 1b	17	TOWN (IF	outside corp	orale limits, write			-	wn)
-	d. NAME OF HOSPIT	The state of the s	f not in ho	spital, give street address		d. STREET	isbu ADDRESS	ry	•				ESIDENCE
		a General		pital		30) Kee	ne Av	re.				A FARM?
3	B. NAME OF DECEASED (Type or print)	Ruth	1	Middle		Gran		4. DATE OF DEATH	Mont	h	Doy		9 50
5	S. SEX		7. MARRI WIDOWE	ED NEVER MARRIED		DATE OF BIRT	1931		9. AGE (In years lost birthday) 28 yrs.	IF UNDER Months	1YEAR Days	L	ER 24 HRS. Min.
ш	Oa. USUAL OCCUPATION during most of working MOSTIC 13. FATHER'S NAME	ON (Give kind of work og life, even if retired)	done 10b.	HIND OF BUSINESS OR II		Bu	ckin	gham,			S.		COUNTRY
I	Unk	nown				14. MOTHER'S	a Sm		Brick	ringh	am.	Va	
	15. WAS DECEASED EV			SOCIAL SECURITY NO.	17. IN	FORMANT	a om	T 011	Address	7.1.18.1	, CLIII 9	• • •	
	Yes, no, or unknown)	(If yes, give war or dates at	service)	?	_Ma	attie	Holl	and	Buck	ringh	am,	Va	•
	Conditions, if o gave rise to immed (o), staling the cause lost.	underlying DUE TO	J	Bullet wou lung and l	eft	inte	rcost	cal ar	rtery			3 h	ours-
	PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUTNO	OT RELATED TO	THE TERM!	NAL DISEASE	CONDITION GIV	EN IN PAR			RMED?
	PART II, OTHER PART II, OTHER PRIMARY ZOOR CAUSE OF DEATH. 20c. TIME OF INJUI 1.2 200. EXTERNAL CAL PRIMARY ZOOR OF DEATH. 21. I certify II	M. 3-217	Shot	through Injury Occurred Not while ork of work remains described	upp PLACI foctor Lu	er abe E OF INJURY (y, street, office unch r	domer Home, form bldg., etc.	dur:	ing a d	(Cou	omi		(Stote) Md
				causes []. Accid		, Suicid	e , h	AMINER [Undete	rmined n	/	-	
	EXAMINER'S NAME (Type)	Earl	L. R	oyer, M.D.				AL EXAMINER		3-28	-59		
12	20. BURIAL CREMATION REMOVAL (Specify) Burial	3-30-5		Oak Grov		Ch.		_	ion (City, town, kinghar			(Stote	•)
2	Clinty of		+ >	Palitus	91	d	240. REC'S	BY REGISTR	AR 24b. REGI	STRAR'S SIG	NATUR		



funeral directar, fuld be filed with er death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03699

703		CERTIFICATE	OF	DEAT
	•		-	

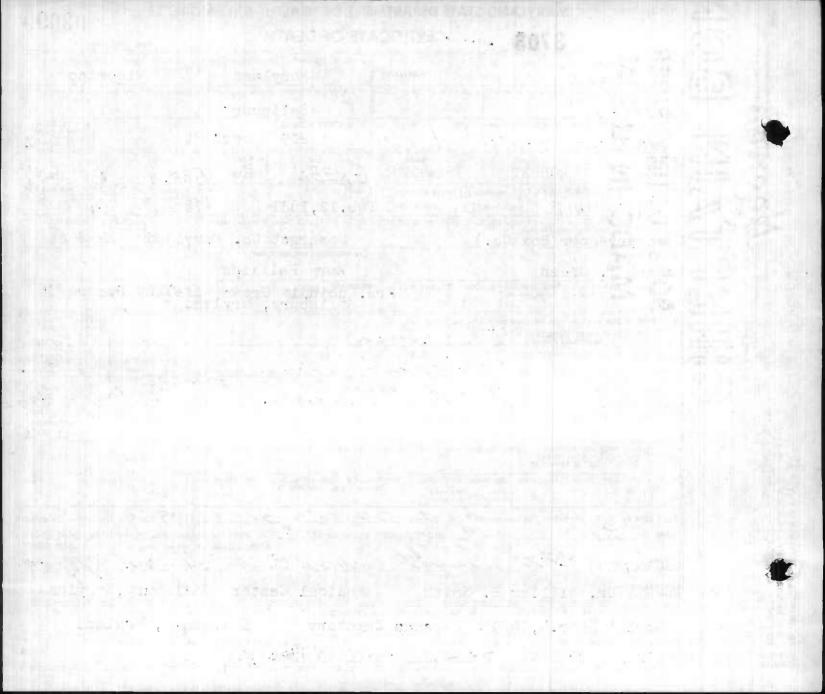
H

Pag Diet No.

0.00	Reg. Dist	. 140.
1. PLACE OF DEATH O. COUNTY / COMPICE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Wico	e before admissian) OMICO
b. CITY OR TOWN (If outside corporate limits, write RURAL and/give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
PALISTURY	/2 Salisbury	
d. NAME OF HOSPITAL (IE not in hospital, give street address) ORINSTITUTION PENIASULA GENERAL HOSPITAL	d. STREET ADDRESS 209 Record St	is residence on a farm? Yes No N
3. NAME OF DECEASED (Type or print) ROBERT THOMAS	GREEN 4. DATE Month OF DEATH MARCH	Day Year 1959
5. SEX A7/2 White WIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. 8IRTHPLACE (State or fareign country) 12.CITIZ	EN OF WHAT COUNTRY?
Laborer(Paper Box Co.)	Somerset Co. Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert T. Green	Mary Phillips	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dales of service)	s.Lucindia Green (Wife 7209 Re Salisbury, Maryland	ecord St
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	h_	INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e.	96 tera
DUE TO	/	_
Canditions, if any, which (b) Hyper	hurerea o	72 Ter
gave rise to immediate couse (a), stating the under DUE TO	Of o Freede	1-1
lying cause last. (c) Cerelizal	Vasculat prease	ex 3 na
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	t not related to the terminal disease condition given in part	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II af item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for Month of the p.m. 19 While of work at work	ACE OF INJURY (Hame, farm, 20f. (City or town) (Coctory, street, office bldg., etc.)	ounty) (State)
21. I certify that I aftended the deceased from Z - Z	2, 1959 to 2 - / , 1959, that I los	t sow the deceased
	occurred at AM, from the couses and on the	
(MADO 71	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE / U 19 Danth	M.D. Med Center Shymed	3/1/09
DMVeneranie		1/2
PHYSICIAN'S Dr. William B. Smith	Medical Center Salisbury,	Maryland
220. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) Mar. 4, 1959 Parsons C	m m 3/	land (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIG	NATURE
HOLLOWAY & COMPANY SALTSBURY MA	RYTAND NER 3 '59 Call - 0 4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the haspital ar attending physician.

TO FUNEAL DESCROR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/S8



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3704 CERTIFICATE OF DEATH

0392				Reg. D	ist. No.	
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryle			ence before odm cester	nission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		imits, write RURAL and		wn)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Deer's Head State Hosp	oddress)	d. STREET ADDRESS Purne:	11		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Oline Allie	Middle Carter	lost Hales	4. DATE OF DEATH	Month March	Doy 2	Yeor 19 59
Female White WIDOWE		8. DATE OF BIRTH January 14,		birthdor Months	Pays Heur	The state of the s
10a. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	kind of Business or Indu		or foreign country	12. CI	USA	AT COUNTR'
13. FATHER'S NAME Levin Carter	D	14. MOTHER'S MAIDEN N Hennie	Dickers	on		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. gruntgown) (If yes, give war or date of service)	SOCIAL SECURITY NO. 17. 1	Hospital Red	cords, S	Address alisbury, l	Md.	
422.1 DUE TO	e for (o), (b), ond (c).] teriosclerotic	cardiovascula	ar disea	se	INTERVAL ONSET AN	BETWEEN ID DEATH Years
gove rise to immediate couse (a), stating the under-lying couse last.				,		
0	oral thrombosi	NOT RELATED TO THE TERMIN	AAL DISEASE CON	IDITION GIVEN IN PAI	RT 1(o) 19. WAS PERF YES [ORMED2
(IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of	item 18.)		H LET
Hour o. m. 19 While of work	Not while at work	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)			(County)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S T. W Mo I date	ig.,, and that death	accurred at 11:501 A w.D. Deer's H	M, fram the DDRESS (Street, of Lead Sta	causes and an tily or town, state) te Hospital	he date sta	ted abave DATE SIGNE
220. SUNIAL, CREMATION, 1216. DATE THEREOF COMOVAL (Specify) AMERICA ST	22 NAME OF CEMETERY OF	Salisbur Ocrematory Umility	X-2	City fown as county)	(Ste	ote)
23. FUNERAL DIRECTOR'S SIGNATURE LIGHT COMMIS	ADDRESS The M.		BY REGISTRAR 5 '59	24b. REGISTRAR'S SI Circhun S. 1	4	7

		MEMORE STATE OFFICE	
	HYASO SO TIV	Semes L	
		SHAPPAN 1	
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	At most may		
		Statement Dispersion	
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	(Islanda) - Zala kantina Kantina		
Aug La Company	El cantal		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03701

	37	05	CERTI	FIC/	ATE OF DEATH			Reg. Dis	t. No.	,	
1. PLACE OF DEATH			MARY		2. USUAL RESIDENCE (Who o. STATE		d lived. If instituti				
	comico				Maryla					Anne	
b. CITY OR TOWN (If a RURAL and give near		its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	utside corpo	rote limits, write R	URAL and g	give neo	erest town	n)
Salisbury			4 days		Centrevil	le		17	X -	Orles	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital,	give street	address)		d. STREET ADDRESS				T		SIDENCE
Deer's Hea	ad State I	Hospi	tal		415 S. Lib	erty S	Street			YES [A FARM?
3. NAME OF	Fi	rst	Middle		Last	4. DATE	Mon	th	Do		Yeor
(Type or print)	Hen	riett	a		Handy	OF DEATH	Mar		1	1	19 59
5. SEX 6	. COLOR OR RACE	7. MARR	IED NEVER MARRIE	ED 🖂	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR		
Female	Colored				6/24/1879		79 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION	(Give kind of work	done 10b.		R INDU	STRY 11. BIRTHPLACE (State	or foreign co		12. CIT	ZEN O	F WHAT	COUNTR
during most of working	g life, even if retired)	Domest,		Marvla				USA		200111
13. FATHER'S NAME					14. MOTHER'S MAIDEN N				UDA		
Caleb All	len				Amanda		1				
15. WAS DECEASED EVER I		CES? 16	SOCIAL SECURITY NO	17 1				rett			
(Yes, no. or unknown) (IF	yes, give wor or dates of	service)	300/10 3200/11 110		NFORMAN Hospital	Recor	rds	1000			
18. CAUSE OF DEATH		ouse per li	ne for (a), (b), and (c).]						RVAL BE	
PART I. DEATH	WAS CAUSED BY:	1	Aspiration	Pne	umonia						DEATH
141,9	DUE TO	,									
Conditions, if any	which)		Ca. of tong	gue	with metastas:	is to	pharynx	and		?	
gave rise to imm	nediate (-	neck			-					
couse (a), stating the lying cause last.	under-	,									
Z PART II. OTHER	SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASI	CONDITION GIV	FN IN PART	1(0) 1	9. WAS	AUTOPSY
PART II. OTHER								21411417111	.(0)	PERFC	DRMED?
200. ACCIDENT WAS	UNDERLYING []	20b. DESC	RIBE HOW INJURY OF	CCURRE	D. (Enter nature of injury in P	ort Lor Part	II of item 18 1			AE2	NO T
200. ACCIDENT WAS TO OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION AND CONTRIBUTION AN	CAUSE OF DEATH				or terror motore or injury in a	011 7 01 7 01					
		or 20d It	NJURY OCCURRED	20e PL	ACE OF INJURY (Home, form,	206 ICity	as town)	10			151 1 1
Hour a.m.	19	While	Not while	for	tory, street, office bldg., etc.) ;	or rown)	10	ounty)		(State)
		of wor	0			1					
21. I certify that	I attended the	deceas	ed from Maj	r.l	2 , 19 59 , 10	March_	16., 1959	.,that I I	ast sa	w the	decease
alive on Mai	rch 16	, 19	59, and that	death	accurred at 12:50	M, fram	the causes o	ind an th	e dat	te state	ed abov
	1, 1,					ADDRESS (SI	reet, city or town,	state)		D	ATE SIGN
ACTUAL SIGNATURE	V: Ju	en	udu		M.D. Deer's H	ead St	tate Hosp	ital		3/	16/59
PHYSICIAN'S TT	- 5/	100									
NAME (Type)	. Juerman	, M.	D.		Salisbur	y, Mar	yland				
22a. BURIAL, CREMATION,	22b. DATE THEREC	OF	22c. NAME OF CEME	ETERY O	R CREMATORY	22d JOCAT	ION (City town -	or county)		IStat	

may be retained by the haspital or attending physician.

TO FUNERAL DIR

OR: After this certificate has been signed by the attending physician and complete page 3 should be detached far use as the burial-transit permit. Then please remove carban papers, the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. O HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

After this certificate has been signed by the attending physician and completely filled in by 1 hed for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2

I

24a. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

DATE MAR 1 8 '59

arthur S. Krays

CATE OF DEATH	range of auto 19	
	Viuneur	
		. Level
		2

VS A15 (4) 15M 9/55

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10	7)	
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	E	E	国

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03702

			Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. STATE Maryland b. COUNTY	
b. CITY OR TOWN (If autide carporote limits, w RURAL and give negrest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give to R INSTITUTION Peninsula General Hospital)	reet oddress)	d. STREET ADDRESS 217 N. Park Dr.	IS RESIDENCE ON A FARM? YES
3. NAME OF First DECEASED (Type or print) GLEN	TURPIN	HASTINGS 4. DATE Mon DEATH MAI	
36.3	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH Dec. 16, 1893 9. AGE (In years lost birthday) 65 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Contractor	106. KIND OF BUSINESS OR INDU Constuction	Delaware	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Gordon Hastings		Clara Turpin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] No. [If yes, give wer or date of service	101- 21 1207	oronnant Add S. Kathaleen P. Hastings	Same
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate couse (o), stoting the under- lying couse last. (c)	Menin	somo, nediastim	INTERVAL BETWEEN ONST AND DEATH
PART II. OTHER SIGNIFICANT CONDITION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	YEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)	
A Haur a. m.		ACE OF INJURY (Home, form, 20f. (City or town) street, office bldg., etc.)	(Caunty) (State)
21. I certify that I attended the decalive on 3-2-6. ACTUAL SIGNATURE PHYSICIÁN'S NAME (Type) Earl L. Roye:	1954,, ond that death	accurred at 3.22 M, fram the causes of ADDRESS (Street, city or town, M.D. Camden Ave. Salisbury. Ma	store) DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town,	or caunty) (State)
BURIAL B/ 22/1959 23. FUNERAL DIRECTOR'S SIGNATURE Hill & Johnson Co., Signature	Parsons Ceme	24a. REC'D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE Dithy S. Kraus

Durge C. Hief I

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o other Liver and				
	April 196			
ATTENDED TO THE PARTY OF THE PA	Let the Little	Deli	and Leaner Money	
dereil		SET DET		
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10.2.0	ernesfei	er av er of the disease The Laboratory	toda in the C	
	step Catala		condend death polymen	
	re. Ekolustean P. Hentling			,01
		W 100		
		100		
Mary Jane 1	y Desc on Ave. Called y		aren . Teste f	
ment year	Take palate to the second second		3, 1,/2000	Dibli.
		arrick series	and the state of t	

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L		3707		CERTIFIC	5 71	OI DEAT			Reg. Di	st. No.		
1.	PLACE OF DEATH o. COUNTY	Wicomico		MARYLANI		o. STATE Maryl		ed lived. If institution b. COUNTY	on: Residen			
	b. CITY OR TOWN (III	f outside corporate limits, w		TH OF STAY IN 1	ь	c. CITY OR TOWN (If	autside corp	orate limits, write R	URAL ond	give nea	rest town	1)
L	Sali	sbury		yrs.5mo.		Centrev	ille	1-2-13	17×	-2		
	OR INSTITUTION	At (If not in hospital, give s s Head State		al		d. STREET ADDRESS						FARM?
3.	NAME OF DECEASED (Type or print)	First Samu	el	Middle	Har	vkins	4. DATE OF DEATH	Marc.		20,		Yeor 59
5.	sex Nale	3.7	MARRIED N	EVER MARRIED		ATE OF BIRTH L/22/1877		9. AGE (In years lost birthdoy)	IF UNDER Months	1 YEAR Doys	Hours	ER 24 HRS. Min.
10	during most of work	DN (Give kind of work done king life, even if retired)		BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State Maryland			12. CIT		SA	COUNTRY
13	FATHER'S NAME		Unk	nown	1.	. MOTHER'S MAIDEN Unknow						
		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SI		Dee:	rmant c's Head St	ate Ho	Addiosp. Reco		Sali	.sbu:	ry,Md.
		TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO			de	compensatio	n			INTE	RVAL BE	TWEEN DEATH UTE
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last. (b) arterioscleratic heart disease DUE TO (c)									2	rear	5
CERTIFICATION	PART II. CITES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? O 26 × Cerebro-spinal lues; bilateral amaurosis: YES NO 19									RMED?		
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HON	W INJURY OCCUR	RED. (E	nter nature of injury in	Port I or Par	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	V V	Od. INJURY OC /hile Not work ot w	while	PLACE foctory.	OF INJURY (Home, form street, office bldg., etc	n, 20f. (City	y or town)	(0	County)		(Stote)
	21. I certify the alive on Marchael SIGNATURE PHYSICIAN'S NAME (Type)	of I attended the dec ch 20,	19_59	and that dec		Deer	ADDRESS (S	20, 1959 In the causes a lireet, city or town, ad State Marylan	nd on the stole) Hospi	he dat	e state	deceased ed abave. ATE SIGNED /20/59
3	REMOVAL (Specify)	3:25-5	TVVO	Me of CEMETER	col-	School	22d. LOCA	TION ICITY, town, o	or county)	M	(Stote	e)
23.	FUNERAL DIRECTOR'S	SSIGNATURE	ADO	RESS		240. REC MAI DATE	R 3 0 '5	0	TRAR'S SIC			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar ottending physician.

TO FUNERAL DIL FOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld as detached for use as the burial-transit permit. Then please remove carbon pagers. Paged, and 2 small be filled with the registror priar to burial, cremation, ar remayal, and in any event within 72 hours ofter death.

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VS A15 (4) 15M 10/57

MITTALE ATTACK TO SHE	NEWSCOOL STATE OF		
Service of the	Dim nito		
The second second			
Service and the service of the servi	A DESCRIPTION OF THE REAL PROPERTY.		
	MAR	The State of State	
	p q		

CERTIFICATE OF DEATH

3709

Don Dick No

03704

	0 3 0 1	,		N.	eg. Dist. 140.
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Mary]	nere deceased lived. If institution: b. COUNTY	Residence before admission) Wicomico
b. CITY OR TOWN (RURAL and give n	(If autside carporate limits, wri learest tawn) Salisbury	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	rutside carporote limits, write RURA	AL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitat, give str		d. STREET ADDRESS R.D.;	# Green Hill	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MITCHE	Middle EMORY	HOPKINS	4. DATE Month OF MARCH	25th 19 59
5. SEX Male		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH NOV.17, 188	lost hirthdox)	under 1 YEAR IF UNDER 24 HR anths Doys Hours Min.
during most of war	rking life, even if retired)	ob. KIND OF BUSINESS OR INDI		or foreign country) Salisbury, Md	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	31 TE		14. MOTHER'S MAIDEN N		
John M.	Hopkins			cet Phillips	
	ER IN U. S. ARMED FORCES? (If yes, give wor or doles of service)	16. SOCIAL SECURITY NO.	rs.Helen Hop Quantico	kins(Wife)Address Maryland SAX	D# Green Hi
Canditians, if a gave rise to cause (a), stating lying cause last.	immediate the under- CC DUE TO (c)	Jeweraly 2	Rilero Der	leusis.	Sycan
CATIC	30 Be	ans. St. a	our teg	NAL DISEASE CONDITION GIVEN	tN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING (1) G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in 1	Cart I ar Part II af item 18.)	
20c. TIME OF INJUI Haur a. m. p. m.	W		PLACE OF INJURY (Hame, farm actory, street, office bldg., etc		(Caunty) (Sta
21. I certify the alive an	hat I attended the deci 25 March, 1 Should HE		h accurred at 6:251	25 Weecle, 1959ho M, fram the causes and a ADDRESS (Street, city or town, stat Llw W.	an the date stated above
	.Richard H.	Saunders	Nanticok	e, Maryland	
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	Mar. 28, 19			22d. LOCATION (City, town, or c Part) Mardel	a, Maryland
23. FUNERAL DIRECTOR HOLLOWAY		ADDRESS SALISBURY MA	RYLAND DATE		AR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the haspital ar attending physician. page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban pagers. Pages 1 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OF may be retaine VS A1S (4) 1SM 9/S8

funeral directar,

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2700

	1131	Pri Hall							Keg. Dis	t. No.	
PLACE OF DEATH o. COUNTY	Wicomico	,	MARYL		2. USUAL RESIDEN	aryl		d lived. If institut b. COUNT		e before odmi	ision)
RURAL and give ne	f outside corporate limits, corest town) isbury	write	c. LENGTH OF STAY IN 2. yr 4½ m	10 •		NN (IF ou		rote limits, write	RURAL ond g	. 0	m) X-2
OR INSTITUTION	al (If not in hospital, give ead State Hos				d. STREET ADD		Alms	House		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	first No ah		Middle Pearso	n	Jackso		4. DATE OF DEATH	Marc		Doy 19th	Year 19 59
s. sex Male	7.70 - 2.1	· MARRI	ED NEVER MARRIED DIVORCED		Jan. 14,	189	7	9. AGE (In years lost birthday) 62 yrs	Months	Days Hours	-
IOa. USUAL OCCUPATIO	ON (Give kind of work do king life, even if retired)	ne 10b. I	CIND OF BUSINESS OR	INDUST		g (Stote o Ylan	111111111111111111111111111111111111111	ountry)	12. CITI	USA	T COUNTR'
13. FATHER'S NAME					14. MOTHER'S MA						
	Jackson					.ce M	cMil]	an			
(Yes, no, or unknown)	R IN U. S. ARMED FORCE of yes, give wor or dollar of service ept for Nat:	cel			ormant of s Head	Stat	e Hos		cords	Salis	bury,
	TH [Enter only one coust TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		oute heart	fail	ure					INTERVAL B	ETWEEN DEATH ITS
Conditions, if or gove rise to it cause (o), stating lying couse lost.	mmediate (Dur 10	Aı	rterioscler	otic	cardiov	ascul	lar d	isease		Year	rs
PART II. OTH Residu: 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ier significant condital left mono	ple	ontributing to deat	erth	or related to the	to ol	ALDISEAS Ld ce	rebral t	ven in part hrombo	1(0) 19. WAS PERFO SIS YES	AUTOPSY ORMED?
	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESC	RIBE HOW INJURY OCC	CURRED.	(Enter noture of in	jury in Pa	ert I or Por	t II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year 19	20d. IN While of work	Not while	0e. PLAC facto	E OF INJURY IHor ry, street, office bl	ne, form, dg., etc.)	20f. (Cit)	or town)	(Co	ounty)	(Stote)
21. I certify the alive on Ma	at i attended the durch 19,	125	d fram Nov.	leath o	occurred at 9	:10	M, from	n the couses treet, city or town	and on th	e dote stat	decease ed abave ATE SIGNE
PHYSICIAN'S NAME (Type)	G. Kosmah	1	M. D.					laryland			
REMOVAL (Specify)	N, 226. DATE THEREOF	9	22c. NAME OF CEMET		CREMATORY	1	22d. LOCA	TION (City, town, Baltime		(Sto	
3. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS				BY REGIST	RAR 24b. REG	ISTRAR'S SIG		
William (look, Inc.	121	7 St. Paul	Stre	eet p	ATE MAR	26 5	9 a	rthung S.	Thura	

		STATE OF THE STATE	
HITARD TO ST			
	The Reserve		
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ASSESSMENT OF THE RESIDENCE			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by togge 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shifter registrar priar to burial, cremation, or remayol, and in any event within 7 haurs after death.

TO HOSPITAL OF

VS A1S (4) 1SM 9/58

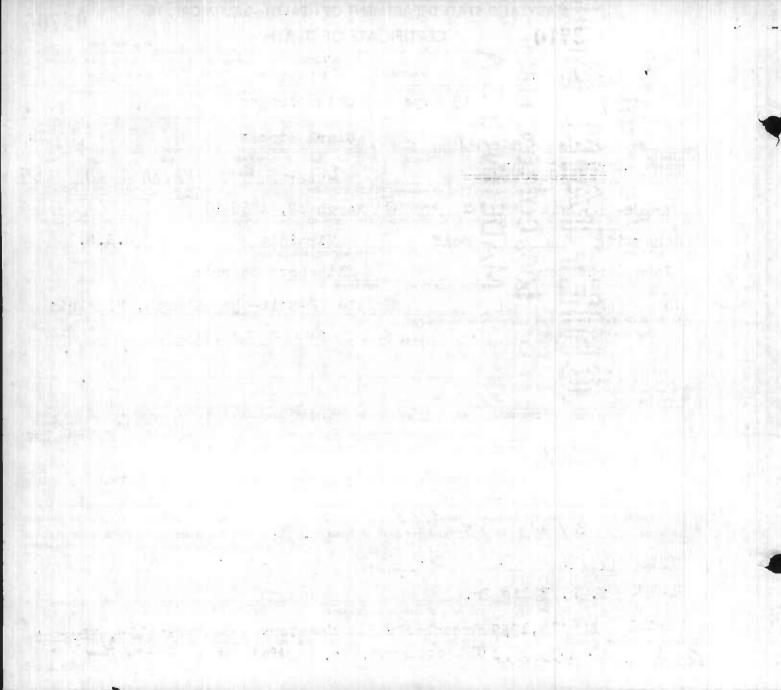
82

3710

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY // Com/ CO	MARYLAND	2. USUAL RESIDENCE (W o. STATE Virgin	, b.	If institution: Residence COUNTY ACCO	
	RURAL and give negrest town)	LENGTH OF STAY IN 16	Chincotes	outside carporote limi ASUE	ts, write RURAL and g	give nearest town)
	d. NAME OF HOSPITAL (If not In haspital, give street add OR INSTITUTION TENINSULA OENE FA		d. STREET ADDRESS Clark Sti	reet		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED Margaret Ann (Type or print) Margaret Ann Margaret		Jester	4. DATE OF DEATH	March	Day Year 31 19 59
	Female White WIDOWED	DIVORCED	March 10,	1868 91	yrs. Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Father's NAME	of business or indus	Virgini 14. MOTHER'S MAIDEN	la		S.A.
1	John Carpenter		Elizabeth	n Cherrix		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO. I	NFORMANT		Address	
L	No No	Ha	llie Petti	Lt- New C	hurch, V	irginia
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last. (c)	genua Ge	we Heard	Desc.	orC	INTERVAL BETWEEN ONSET AND DEATH (IM (M)()()()
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CON</u>	FRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE COND	ITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Part II of ite	m 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Add. INJUI Haur a. m. 19 While at wark	Nat while at work	ACE OF INJURY (Hame, farm tory, street, affice bldg., etc	m, 20f. (City or town) (C	County) (State)
	21. I certify that I attended the deceased alive an 3/3/, 19.5. ACTUAL SIGNATURE D. ELLE D. PHYSICIAN'S W. P. F3.14.5. Two	7, and that death	, 1957, ta occurred at 5 3/2		uses and an the	st saw the deceased date stated abave DATE SIGNED
22	NAME (Type) W. R. Ellis Jr	c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (Ci	by house on country	(5.44)
	Burial April3,1959 G		lle Cemeter	y Greenb		



FOR STATE HEALTH DEPT.

TO DEPUTY. MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessory, please execute the prificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the functional director. Page 4 should convarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained or your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Soard of Health, or its designated agent, prior to burial, cremation, at removal, and in got over within 72 hours after death.

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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4 1	U	-	N.	7	- 8

	OATT	-	CERT T LITTRIA	270)-)0-	77 60		Reg. Dist. No.	
PLACE OF DEATH					IDENCE (Where deced	used lived. If institu	tion: Residence befo	re admission)
	Wicomico		MARYLAI	O. STATE	Marvland	b. COUNT	Wicon	mico
b. CITY OR TOWN	(If outside corporate limits, writeen)	• RURAL	c. LENGTH OF STAY IN	16 c. CITY OR	TOWN (If outside co	rporote limits, write	RURAL and give ne	orest lown)
	sburv		15 vrs.	X S	alisbury			
		If not in hos	pital, give street address)	d. STREET				. IS RESIDENCE
	At ho	me		R	aynor Fa	ווייו		YES NO
3. NAME OF	Fir	11	Middle	Lost	4. DATE	Month	Doy	Year
(Type or print)	Willian	1	J	Jones	OF DEATH			2-19 59
5. SEX			D NEVER MARRIED			9. AGE (In years	IFUNDER TYEAR	F UNDER 24 HRS.
M	C	WIDOWED	DIVORCED [1900	fort birthday) 59 yrs.	Months Doys	Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPL			12. CITIZEN OF	WHAT COUNTRY
Labore	ing life, even if refired)		None		stover,		US	A
13. FATHER'S NAME			MOTIO		MAIDEN NAME	100	1 0 0	
TD 2	and Hall				rah Jone	a Milaor		
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT	rail oone	Address	1	
[Yes, ne, er unknown]	It yes, give war or dates of	tervice)			41.1 A. AA		l according	
No			19-01-4744	Sueri	ff of Wi	comico C	ounty	
	ATH Enter only one cou						INTERV	AL BETWEEN AND DEATH
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	B:	roncho-pne	umonia			48 H	ours
491X	DUE TO							
Conditions, if	ony, which) (b)							
gove rise to imme	ediote cause							
cause fost.	(c)							
Z PART II, OT			NTRIBUTING TO DEATH BE	JT NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION GIVE	EN IN PART 1(0) 19.	WAS AUTOPSY
XI								PERFORMED?
200. EXTERNAL CA	USE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED). (Enter noture of in	ury in Port Lor Port I	of item 18.)	1,0	3 140 1
CAUSE OF DEATH	ONTRIBUTING					ar trem to.j		
20c. TIME OF INJU		or 20d. II	NJURY OCCURRED 20e.	PLACE OF INJURY (H	lome, form, 20f. (Cit	y or fown)	(County)	(State)
Hour o.m.		While	Not white	factory, street, office	bidg., etc.)			
			emoins described o	bove held on	Autoney 🗀 👃		7 · 📆	
				-			Inquiry A,	and in my
opinion death	resulted from:	Notural c	auses K, Acciden	t [], Suicide	, Homicide	Undeter	mined manner	
ACTUAL	& PI	1/						DATE SIGNED
SIGNATURE	2001	17	14	M.D.	EDICAL EXAMINER			
EXAMINER'S				ASSISTAL	NT MEDICAL EXAMINI	ER 🗍		
NAME (Type)	Earl L.	Roye	r, M.D.	DEPUTY	MEDICAL EXAMINER	A	3-17-59	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, lown/)	r county)	(State)
Quil	3-19-	5/	Mr. Calven	4	he	ulton	M	
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS		240. REC'D BY REGIS		TRAR'S SIGNATURE	
1Den	woll do	sun			DATEMAR 2 4 15	59 an	Chur S. Forans	L

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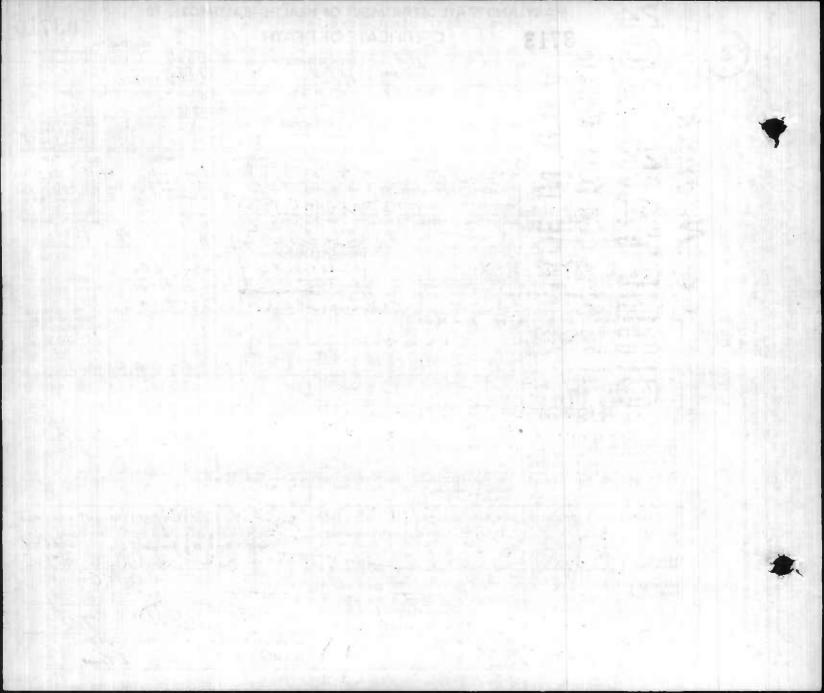
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	may be retained to the hospital or attending physician. TO FUNERAL DIN OR: After this certificate has been staned by the attending physician and completely filled in by language.	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Levid be filled with	the registrar prior to buriol, cremation, or removal, and in any event within 72 hour arter death.
PHYSICIAN: The low require:	tol or attending physician.	or use as the burial-transit perm	remation, or removal, and in a
TO HOSPITAL OR ATTENDING	TO FUNERAL DIR OR: After	page 3 should be detached for	the registrar priar to burial, a

1		o. COUNTY	Wicomico	· MA	RYLAND	o. STATE Mar			licom	
		oute #Z	outside corporate limits, we rest town)	rite c. LENGTH OF ST	AY IN 1b	Route #2	outside corporate lin	nits, write RURAL o	and give neo	rest town)
00		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give st	treet oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Lida	Mae		lone Lost	4. DATE OF DEATH	Mar.	20	Yeor 59
	5.	Female		MARRIED TO NEVER MAR DOWED DIVOR		Nov. 10,18	9. AG lost	E (In years IF UN birthday) Mont		Hours Min.
	100	Housewif	ON (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (SION		12.		S.
I)	13.	George	e William N	Moore		Julia A	nn Newto	n		
			R IN U. S. ARMED FORCES? If yes, give wor or dates of service)			ank Malone	,Route#2	Address Eden,	Mar	yland
			nmediate (0)	per line for (o), (b), and (bornsch			ONS	RVAL BETWEEN ET AND DEATH MUNCH
6	CATION	couse (o), stoting to lying couse lost. PART II. OTH	the <u>under-</u> DUE TO (c) ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN	PART 1(o) 19	9. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] 20b. [] CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY	OCCURRED	. (Enter nature of injury in	Port I or Part II of i	tem 18.)		
	MEDICA	20c. TIME OF INJURY Hour a. m. p. m.	W W	Od. INJURY OCCURRED While Not while work of work	20e. PLA fac	CE OF INJURY (Home, farmary, street, office bldg., etc.	m, 20f. (City or tow	n)	(County)	(Stole)
1		(40	at I attended the dec			1958, to 9 accurred at 19 f	ADDRESS (Street, ci	causes and o		the decease stated above DATE SIGN
		BURIAL, CREMATION	3/25/59	Allen			22d. LOCATION (C			yland
18	23	FUNERAL DIRECTOR'S	LINNAN	ADDRESS	ess A	nne, Modate M	'D BY REGISTRAR AR 3 0 '59	24b. REGISTRAR'S		

WAS IN THE RESERVE OF TAXABLE OF	
[6] [1] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
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the death



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03711

arthur S. Homers

	374	9	CERT	IFICA	416	OF DEATI				Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY WICOM	ico .		MAR	YLAND		JSUAL RESIDENCE (W L. STATE Maryland	here deceas		f institutio	Reside	97.19	re admis	
b. CITY OR TOWN RURAL and give	I (If autside carporate limi nearest town)	ts, write c.	LENGTH OF STAY			CITY OR TOWN (IF			-	URAL ond	give ne	prest fow	1)
Bival			One da	У	X	. Watervie	ew, M	aryl	and				
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospilol, g N	ive street odd	iress)		1	d. STREET ADDRESS							FARM?
3. NAME OF DECEASED (Type or print)	John	st	Westle			Moore	4. DATE OF DEATE	• M	Mon [arc]		23		Yeor 19 59
5. SEX	6. COLOR OR RACE White	7. MARRIED	NEVER MARR		B. DA	TE OF BIRTH /15/1881		9. AGE (last bi	In years rthdoy) 7 yrs.	IF UNDE Manths	R 1 YEAR Days	Hours	R 24 HRS. Min.
10o. USUAL OCCUPA during most of w Oyster	TION (Give kind of work orking life, even if retired Man)	terman	OR INDUS	STRY	11. BIRTHPLACE (Stote Maryla		country)		12. C	U.		COUNTRY
13. FATHER'S NAME					14	MOTHER'S MAIDEN	NAME						
Nicho	las Moore					Nel	lie W	lilso	n				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		CIAL SECURITY NO). 17. II	NFOR	MANT			Addr	ress			
no	1. 70. 9.0	214	1-36-530	02]	Eve	Moore		Wa	ter	riew	, Ma	aryl	and
Conditions, If gove rise ta couse (a), slotin lying cause los	ony, which immediate ag the under-	ari (sule C	elei	ta	ary Obe	rt 3	Desa	اوما		1	O G	d. wr
CATIO	OTHER SIGNIFICANT CON									EN IN PA	RT 1(a)	PERFC	RMED?
	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY (OCCURRE	D. (En	ter nature af injury in	Part 1 ar Pa	art II of iter	n 18.)				
20c. TIME OF INJ Hour a. m	1.	or 20d. INJU While of wark [Nat while at wark	20e. PL/ fac	ACE C	OF INJURY (Hame, larr street, alfice bldg., et	n, 20f. (Ci	ty or town)			(Caunty)		(Stote)
21. I certify alive on _2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Richard H.	1950			-1-	Nenti	AM, fro		or tawn,	ind an		te state	deceased above ATE SIGNED
220. BURIAL, CREMAT REMOVAL (Speci	5/25/59		2c. NAME OF CEN			metery	Na	ATION ICIN	oke	, Ma	ryl	and	e)
23. FUNERAL DIRECTO	DR'S SIGNATURE	ril	ADDRESS	len	,	A PATE A	O BY REGIS			STRAR'S S			

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the haspital or attending physicion.

O FUNERAL D CTOR: After this certificate has been signed by the attending physicion and completely filled in bage 3 shauld be detached for use as the burial-transit permit. Then please fimove a rbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 12 th us after death. TO FUNERAL D

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auld be filed with

funeral director,

TO HOSPITAL OR VS A15 (4) 1SM 9/55

CERTIFICATE OF DEATH HERRICAL CHIMAGES STANDARD CO. SCHOOL CO.

To the second

194.0

FOR STATE HEALTH DEPT. TO DEPUTY AVEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the difficate, writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the functor friction. Page 4 should be graveded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by a your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death.

82

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEDTIEICATE OF DEATH

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	3714	AL CAAMIN	614	CERTIFICA	AIL OI	DEATH	Reg.	Dist. No		
a. COUNTY	Wicomico	MARY	LAND	2. USUAL RESIDENCE O. STATE Ma	E (Where dece ryland				fore odmi	
b. CITY OR TOWN (if and give nearest town)	Salisbury	c. LENGTH OF STAY	1N 1b		(If outside co Lisbur	proporote limits, write	RURAL of	nd give n	earest to	rn)
d. NAME OF HOSPITA	Pen Gen Ho		35)	d. STREET ADDRES		St.			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First HERMAN	MERRILL		MUMFORD	4. DATE OF DEATH	MARCH	8	Doy th	Y.	eor 9 59
s. sex Male	White WIDO	RRIED NEVER MARRIE		ept.5.19	L5	9. AGE (In years lost birthday) 43 yrs.	IF UNDE Months	R TYEAR Doys	Hours	R 24 HKS. Min.
_during most of workin	ON (Give kind of work done 10 g life, even if retired) Oofer (Sal. R		INDUST	Marylan		country)		TIZEN O	F WHAT	COUNTRY?
13. FATHER'S NAME			TITE	14. MOTHER'S MAIDE	N NAME					
	. Mumford	-		Cornel:						
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? (If yes give war at dates of service)	16. SOCIAL SECURITY NO.	'MP	Salisbi	ia Mum	ford(%T	fe)3	25 1	Penn	St
PART I, DEAT	TH (Enter only one couse per the WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Due To Due To Due To	line for (o), (b), ond (c).]	-of	remis	Pspin	-9			ET AND DEA	
gove rise to immed (a), stating the a couse lost.	liote couse									
S	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	VEN IN PA			NO X
20c. TIME OF INJUI Hour, o. m. 10:50p. A. 21. 1 certify th	RY Month, Doy, Yeor 2		p f te. PLAC facto Y	or repair E OF INJURY (Home, in ory, street, office bldg., and at home, held an Auto	s and orm, 20f. (Ci	fell or	Inqui	coming A	ico , and	(Stote) Md d in my
ACTUAL SIGNATURE	In the	y		_M.D. CHIEF MEDICA	DICAL EXAMIN	IER 🗍	Marc	h '	DATE S	GNED /1950
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREOF	22c. NAME OF CEMET 59 Bethel			22d. LOC	ATION (City, lown, n Man R. 1	or county)		(Stote	y, Md
23. FUNERAL DIRECTOR		ADDRESS			EC'D BY REGIS		The state of the same of		-	J ,
HOLLOWAY	& COMPANY	SALISBURY	MAR	YLAND DATE	p 1 0 '59	Outh	w 8 t	Years A		

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VS A15 (4)

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO P (County) (Stote) that I last saw the deceased _M, fram the causes and an the date stated above PHYSICIAN'S Dr. Alberta Mattax Camden Ave. Salisbury, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Salisbury, Maryland Wicomico Memorial Park Mar. 29.1959 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR DATE MAR 3 1 '59 arthur S. Formers HOLLOWAY & COMPANY SALISBURY MARYLAND

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03714 3716 CERTIFICATE OF DEATH Rog. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY MARYLAND Wicomico Delaware Sussex b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) should Salisbury days Delmar d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? haurs YES NO B Peninsula General Hospital State 3 NAME OF 4. DATE Middle Month Day Year DECEASED OF WILLIAM THOMAS O'NEIT DEATH (Type or print) Pages March 19 59 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Haurs Min 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH etely Days Hours Male White WIDOWED T DIVORCED [June 15. 1884 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) RR Conductor pup Delaware U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 physician death certificate Henry O'Neil Laura Whalev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending NC Mrs. Doris J. Savage, Salisbury, Maryland NONE please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: centricles IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which (b) gave rise to immediate DUE TO couse (o), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO M YES T 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, affice bldg., etc.) Hour a. m While Not while at wark of work He, 1957, that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S Wilber R. Ellis, Jr. Medical Center, Salisbury, Maryland NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page 28/1959 Parsons Cemetery Salisbury, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR MAR 3 0 '59 & JohnsonnCo., Salisbury, Maryland arthur & Kraya

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Wicomico Memorial Park

ADDRESS

The Hill & Johnson Co. Salisbury, Maryland

normant. Baken

Salisbury, M ryland

24b. REGISTRAR'S SIGNATURE arthur S. Hours

24a. REC'D BY REGISTRAR

page 10 VS A1S (4) 1SM 9/S8

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

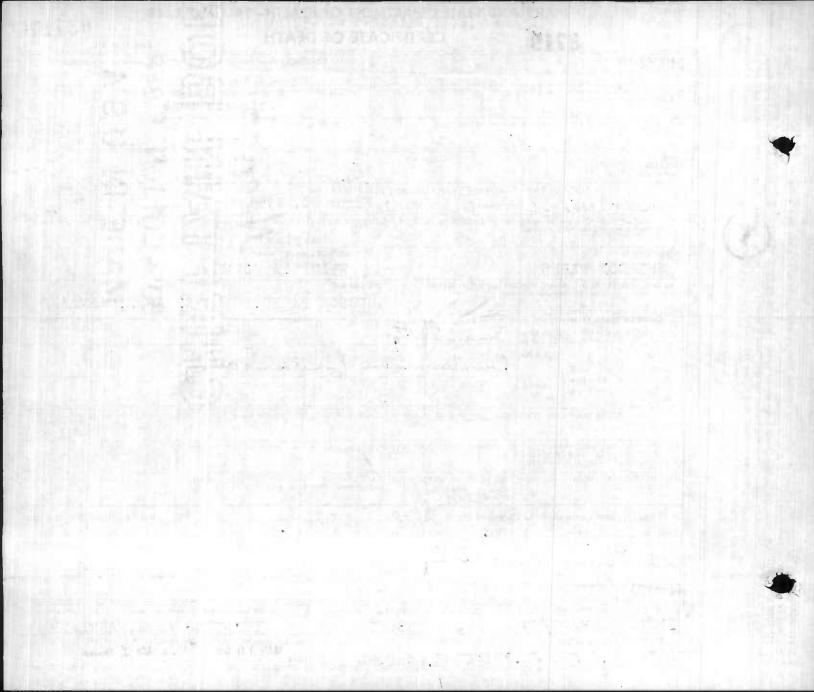
3718 **CERTIFICATE OF DEATH**

1. PLACE OF DEATH a. COUNTY	Wicomico		MAR	YLAND	2. USUAL RES	Mary		d lived. If instituti b. COUNTY	T. 7. 4	e before		ion)
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limi egrest town) Sa.lisbury	ts, write	c. LENGTH OF STAY	Y IN 1b	c. CITY OF		sbury	rote limits, write R	URAL ond g	ive near	est town	}
d. NAME OF HOSPIT OR INSTITUTION	Spring Hi	ive street	oddress) Sanitariu	ım I	d. STREET	ADDRESS R.D.	# 4			е	. IS RES ON A YES 🔀	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	ROS		Middle MA			RKER	4. DATE OF DEATH	MARCE	-	Doy 21s		reor 19 59
s. sex Female	6. COLOR OR RACE	7. MARR			May 2		7	9. AGE (In years lost birthdoy) 91 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work HOUSE	ON (Give kind of work king life even if retired WORK at H	one 10b.	None	OR INDUS		PLACE (Stote of CO.)						S.A.
13. FATHER'S NAME					14. MOTHER	'S MAIDEN N	IAME	457				
J.Mitc	hell Coll	ins			Ma	rtha	Washi	ington I	lills			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR Ilf yes, give war or dates of s		SOCIAL SECURITY N	o. Mr	Alber Salis	t Pari	ker(S Mary)	Son)R.D.	# 4			
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediote ()	ONTRIBUTING TO D	FATH BUT	NOT RELATED	TO THE TERMI	NAI DISFAS	F CONDITION GIV	/FN IN PAR	1/(0) 19	WAS	AUTOPSY
ICATIO				<u> </u>	NOT KEDATED	THE TERMIN	- UISLAS	- CONDITION ON	EIN IIN I AKI		PERFO	RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE). (Enter noture	of injury in f	Port I or Por	t II of item 1B.)				
20c. TIME OF INJUF Hour o. m. p. m.	RY Month, Doy, Yes	20d. it While of wor	NJURY OCCURRED Not while of work		CE OF INJURY tory, street, off			or lown)	(0	County)		(Stote)
ACTUAL SIGNATURE	at I attended the	19.	2, and the		M.D	9: JUF	.M, fram ADDRESS (S	the causes are treet, city or town,	d on the stote) Marc	date	stated	eceased abave signed /195
220. BURIAL, CREMATIC REMOVAL (Specify)	Mar. 24,		Wicomi			al Pa		TION (City, town, Salisbu		lary	lan	
23. FUNERAL DIRECTOR HOLLOWAY	'S SIGNATURE & COMPANY	SA	ADDRESS LISBURY	MAR	ZLAND		D BY REGIST		STRAR'S SIC			

Charges with the way the state of the state of E. N. L. Harris Cities . C. L. Carles . C. L. Carles . C. Carles . Jensey Charatta, L District A Track of Males and Males and A Spirit and A Sp busited, troduction from its round collaboration, t. alian integri THE RESERVE OF THE PROPERTY OF

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	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE	, 18	03717
	3713	CERTIFICA	ATE OF DEATH	1	Reg. Dist. N	
1. PLACE OF DEATH o. COUNTY	622160	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUN	itution: Residence bet NTY Somers	are admission)
b. CITY OR TOWN (If RURAL and give nea	outside carporate limits, write	c. LENGTH OF STAY IN 15		utside carporate limits, wri		earest tawn)
5a. 615	bucy	14.	d. STREET ADDRESS	Fincess Ann	ra /	e. IS RESIDENCE
OR INSTITUTION	I (If not in haspital, give street	meral	d. STREET ADDRESS			ON A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle	Parks	4. DATE OF DEATH Mai	Month C	20 195
Female	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 20, 19	9. AGE (In ye last birthda	ors IF UNDER 1 YEA Months Days yrs.	R IF UNDER 24 HI
Oa. USUAL OCCUPATION during most of working	(Give kind of work dane 10b. g life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Marylar		12. CITIZEN C	F WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
SHERDON	PARKS		WILMETTA	JONES		
S. WAS DECEASED EVER (Yes. no. or unknown) (If	IN U. S. ARMED FORCES? 16. yes, give wor or dates of service)		NFORMANT HERDON PARK		ANNE MA	RYLAND
PART I. DEATI	H [Enter only one couse per li H WAS CAUSED BY: MMEDIATE CAUSE (a)	ine for (a), (b), and (c).]			IN ON	TERVAL BETWEEN ISET AND DEATH
Canditians, if an	mediate (D)	en et tere must	m of mulm	s & deling	1	
couse (a), stating the lying couse last.						
PART II. OTHE 20g. ACCIDENT WAS OR CONTRIBUTING I	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO
	UNDERLYING TO 20b. DES CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	While	t-	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.		(County	(Stor
21. I certify tha	t l,attended the deceas	sed fram 3/20	, 1957, ta		,that I last sa	w the deceas
alive an3	190 , 190	and that death	/	M, from the causes ADDRESS (Street, city or to	and an the dat	
SIGNATURE SIGNATURE	elm W.d		M.D			
PHYSICIAN'S NAME (Type)						
22a. BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, tov	vn, ar county)	(State)
NAME (Type)	, 22b. DATE THEREOF 3/22/59	22c. NAME OF CEMETERY CO			vn, or county) ANNE, MAR	(State) YLAND
220. BURIAL, CREMATION REMOVAL (Specify) 23. FUNERAL DIRECTOR'S	3/22/59	JOHN WESLE	Y 240 PEC'I	PRINCESS .		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY

SALISBURY MARYLAND

ADDRESS

24g. REC'D BY REGISTRAR DATE MAR 3 1 '59 24b. REGISTRAR'S SIGNATURE arthur S. Kraya

(County)

Wicomico

28th

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

(Stote)

e. IS RESIDENCE

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YES NO 17

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FOR STATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH DEPT.	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Page les. ealth,		o. COUNTY WICOMICO MARYLAND	o. STATE Maryland b. COUNTY 7
Hee Hee	1	o. CITY OR TOWN IIf autitide corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
of the local		Salisbury	Ocean City 23x-2
rectired by	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
82	L	Peninsula General Hospital	Bay Ridge Farm
loy din	3.	NAME OF First Middle DECEASED 4 /	Lost 4. DATE Month Doy Yeor
de de de la company de la comp		(Type or print) Nancy KATHRVN Purn	nell OF 3-26- 19 59
ony of the	5. 5		DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HIRS
moy with		F WIDOWED DIVORCED	JAN, 281972 last birthdory yes. Months Days Hours Min.
2 h 2	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR'
2000	1	PUPIL HIGH SCHOOL	MARNUAND USA
\$5 (S & 1)	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
£ 82 6 2		WILLIAM M PINE NEW	VALUE VALUE TO LIVE AL
Pod e	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. IN	HORMANT Address A
Giv Giv ith for ith for any e		(no, or unknown) If yes, give wor or dates of service)	ILLIAM MCURNELL DEFRIY CITI
E'E		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
De du d		PART I. DEATH WAS CAUSED BY: Fine of sined co	ervical spine Sudden
Sign of the state		872V	I VICAL SPILLE Suddell
fice from over		O & J \ DUE TO	
S S S S S S S S S S S S S S S S S S S		Conditions, if ony, which (b)	
1 P		gove rise to immediate cause (a), stating the underlying DUE TO	
o, in o i		couse lost.	
and	12	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
pendicole col E gred cremo	SATA		PERFORMED? YES NO NO
d d d	CERTIFI	I FRIMARY LEGI CONTRIBUTING LL	nter nature of injury in Part I or Port It of item 18.)
Si A		cause of Death. Passenger in ca	r that ran off road andturned over.
Chie	MEDICAL	7 Would not white Not white locto	CE OF INJURY (Home, form, 201, (City or town) (County) (Store) Try, street, office bldg., etc.) Selve votes N
Poge prior	>	21. I certify that I taak charge of the remains described above	
X Par		apinian death resulted from: Natural causes , Accident	, Suicide , Hamicide , Undetermined manner
NI Sold Sold Sold Sold Sold Sold Sold Sold			dy colored by manner by characteristics manner
Per		ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
2 2 2			ASSISTANT MEDICAL EXAMINER
THE PART OF		EXAMINER'S NAME (Type) Farl L. Rover. M.D.	DEPUTY MEDICAL EXAMINER \$ 3-28-59
IN ts	770	NAME (Type) Farl I. Royer, M.D.	
Target and a second		REMOVAL (Specify)	LOVES BISHOPVILLE MA
5 , 5 ,	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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15M 10/57

PLACE OF DEATH

b. CITY OR TOWN (If ou

d. NAME OF HOSPITAL OR INSTITUTION

RURAL and give neares

Deer's H

o. COUNTY

NAME OF

DECEASED (Type or print)

Male

13. FATHER'S NAME

10a. USUAL OCCUPATION (

S. WAS DECEASED EVER IN

during most of working

Willia

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

5. SEX

MARYL	AND	STATE DEPARTM	NENT OF HEALTH	-BAL	TIMORE, 1	8		0.5	0 17 0
3723		CERTIFIC	ATE OF DEATH			Reg. D	ist. No.		372
icomico		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary):		ed lived. If instituti b. COUNTY		nce befo		ion)
side corporate limit t town) alisbury	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards					1)	
of not in hospitol, go			d. STREET ADDRESS Main	Stree	t			e. IS RES ON A YES	FARM?
Fire Jac		Middle Cannon	Savage	4. DATE OF DEATH	Mor Man		Do 3	,	Yeor 19 5 9
COLOR OR RACE	7. MARR	D DIVORCED	8. DATE OF BIRTH Oct. 2, 1878	3	9. AGE (In years lost by thday) 9. Yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
Give kind of work o life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole of Delmar	r foreign o	country)	12. CI	TIZEN O		COUNTRY
n T. Sava	ge		Nancy E.		у				
U. S. ARMED FORG , give war or dates of se		SOCIAL SECURITY NO. 17.	Hospital Rec	ords,	Salisbur		d.		
[Enter only one co	use per lin	e for (o), (b), and (c).]					INTE	ERVAL BE	TWEEN

Unk 18. CAUSE OF DEATH INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSETAND DEATH Carcinomatosis, generalized DUE TO Carcinoma of prostate Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while p. m. 21. I certify that I attended the deceased from February 17, 19 59, to March 3, 19 59, that I last saw the deceased, 19_59__, and that death accurred at 6:20A_M, fram the causes and an the date stated above.

ADDRESS (Street, city or town, state) DATE SIGNED a. Howally ACTUAL Deer's Head State Hospital

PHYSICIAN'S G. Kosmahly, M. D. Salisbury, Maryland NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) COM.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

arthur S. Kraus

YES NO IK

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		March Stagner	
		E LIBERT	
I file - North Charles - Charles	>>	6.7	
CASE AND CASE			

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MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
3724	CERTIFICATE	OF DEATH		

1. P	LACE OF DEATH		2. USUAL RESIDENCE (Whe	are deceased lived. If institution b. COUNT	tian: Residence before admission)
	Wicomico	MARYLAND	Delaware	Su	ssex
Ь	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write	RURAL and give nearest town)
	Salisbury	1 Day	Seaford		4-60 X-3
0	NAME OF HOSPITAL (If nat in hospital, give stree OR INSTITUTION	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	eninsula Greneral	Hospital	620 East	High St.	YES NO
	IAME OF First	H. O Middle	C a la st	OF 1	onth Day Year
-	Type or print) Qaby	Curl	Junaeger	DEATH Ma	
5. S	6. COLOR OF ACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH U	9. AGE (In years last birthdoy)	
-	-11410	WED DIVORCED	Mar. 13,1959	yrs	6
10a.	USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	None	None	Maryland		U.S.A.
13. 1	ATHER'S NAME		14. MOTHER'S MAIDEN N		
	Wesley Schaefer		Joyce Rich		
15. 1	WAS DECEASED EVER IN U. S. ARMED FORCES?	S. SOCIAL SECURITY NO.	NFORMANT		dress
(Yes,	No (If yes, give wor or dates of service)	None	Mr. Wesley Sch	aefer. Seafor	rd, Del.
F	18. CAUSE OF DEATH [Enter only one couse per				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	11.181	:13		ONSET AND DEATH
	762.5 DUE TO		1		
	Conditions if one which \	tveraistuvi	ty (Buth	wt. 1165 g	(chrs
	gave rise to immediate	remetare	CDIVIN	W1. 1.039	MI 3
	cause (o), stating the under-				
	lying couse lost. (c)				•
Z	PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY
CATION					PERFORMED?
i i	20a. ACCIDENT WAS UNDERLYING [20b. DI	SCRIBE HOW INJURY OCCURRE	D. /Enter noture of injury in P	Port I or Port II of item 18.)	
CERTI	OR CONTRIBUTING CAUSE OF DEATH	SCRIDE HOW HADRI OCCURRE	b. temer notors or injury in t		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
ŏ.	20c. TIME OF INJURY Month, Doy, Year 20d.	f =	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)		(County) (State)
MEDICAL	Haur o. m. Whi p. m. 19 of w	ork of work	ciary, sireer, office bidg., etc.,	/	
	21. I certify that Lattended the dece	ased fram. 3/13	19 59, to. 3	114 195	2that I last saw the deceased
	alive an 3/14 . 19	59, and that death	accurred at 5	M. fram the causes a	ind an the date stated above
	4	/		ADDRESS (Street, city or tawn	
	ACTUAL CARLO O	V-11.	me o	0 0 . 7	
-	SIGNATURE COLOR	11 acces	M.D.	iere cen	
	PHYSICIAN'S NAME (Type) Dr. Alfred C.	Kalls	Salut	rung , my	lundand
	BURIAL, CREMATION, 22b. DATE THEREOF	22c, NAME OF CEMETERY C	D CDEMATORY	22d. LOCATION (City, town	, or county) (State)
	REMOVAL (Specify)				A
	Burial 3/15/59	Wicomico Memo			Mryland
	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'E	47.0	GISTRAR'S SIGNATURE
	Hill & Johnson Co. Salis	bury, Maryland	DATEMA	R 17'59 a	rthur S. Kraus
	Morman T. 13	aker 208	23/2X	VI	

Lastant as I The state of the second of the state of the CHILL Day, 13,1999 torical statements Juyen Melantaun . Ist. Decline the test of the A STATE OF THE STA Randin's constalled short integral outsonly the file faire and park year order and are not a second

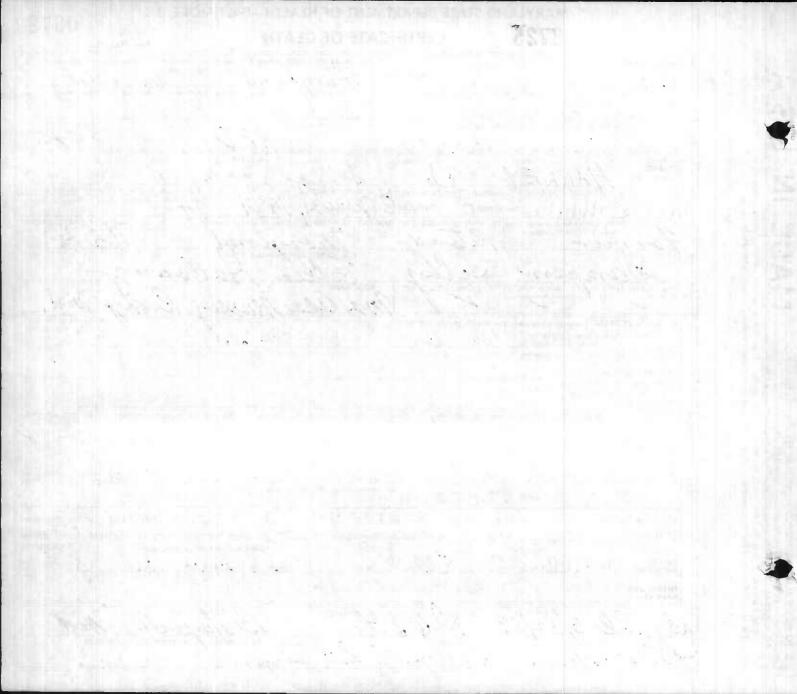
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3725

CERTIFICATE OF DEATH

03723

)		PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR/IOWN (If outside corporate limits, write RURAL and give nearest town)
	-0	Palisbury	1315hop 23x-2
2	1	d. NAME OF HOSPITAL (If nat/in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		ninsula Meneral Itospital	YES NO [
		NAME OF DECEASED (Type or print) HARLEY	Selbar Month Day Year OF DEATH MAINTH 19 1959
	S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	7	nale White WIDOWED DIVORCED	June 21, 1884 lost birthdoy) Months Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work dane of the local derived) When the state of working life, even if retired) Returns	STRY 11. BIRTHPLACE (State or foreign country) 12. CHAZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1S. {Yes	WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	INFORMANT Addiges Addiges Addiges And,
		18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9)	Thanklary 3 and
		DUE TO	
		Conditions, if any, which) (b)	
		gove rise to immediate couse (a), stoting the under-	
		lying couse last. (c)	
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH B</u> L	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
	CERTIF	206. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Port II af item 18.)
	MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
	<	21. I certify that I attended the deceased fram. 2-23	1059 to 3-10 1059ballot the
			h occurred at 6 70M, fram the causes and an the date stated above.
		drive on, figure on, and find dear	ADDRESS (Street, city ar town, stote) DATE SIGNED
		SIGNATURE WILLIAM D. Elliof	M.D. Saleslessay Md. 3-20-59
1		PHYSICIAN'S NAME (Type)	
	220	DEMOVAL (Specify) 3/2 2/59 22c. NAME OF CEMETERY	OR EXEMATORY 22d TOCATION (City, town, or county) (Stote)
	23.	FUNERAL BIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	7	Tello Whalis Sellywell	DATE MAR 2 3 '59 Cothur & Krous



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3726

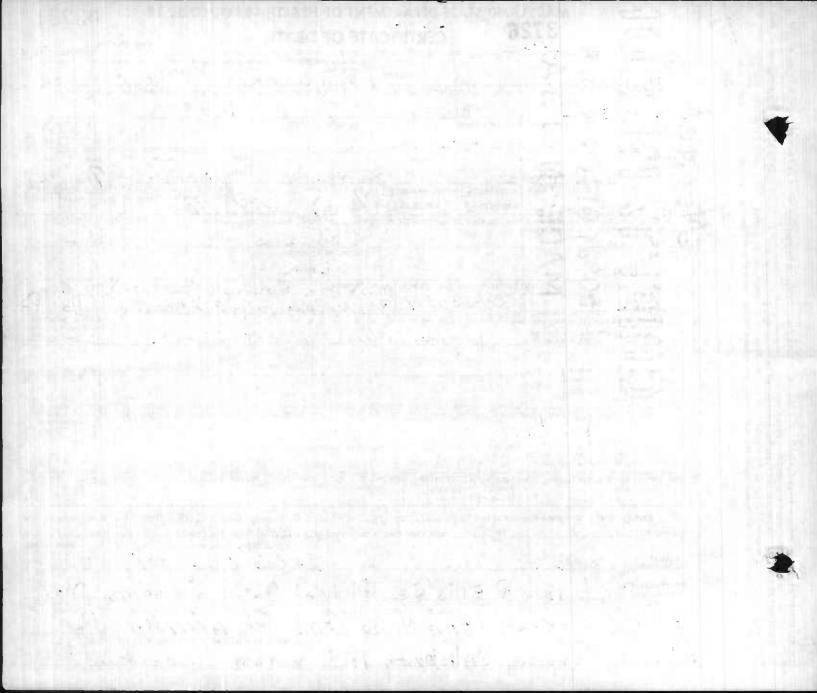
03724

		CERTIFICA	TE OF DEATH	Reg. Dist. No.
	PLACE OF DEATH o. COUNTY (2) 1 COM 1 CO	MARYLAND	2. USUAL RESIDENCE (Where deceosed live o. STATE	b. COUNTY:
	RURAL and give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
~	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	SAITAL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED First	Middle	Lost 4. DATE OF DEATH	Month Day Year
S.	SEX 6. COLOR OR RACE 7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE lost birthdoy) Months Days Hours Min.
100	MALE WIDOWED W. a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF	DIVORCED BUSINESS OR INDUS	(UNK) 1888	70 yrs.
	during mast of working life, even if retired)		Russin	U. S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SI	ECURITY NO. MY	19:15 HOK Rudolph	(DACCINTER) 37 OleA
_	UNK 274-32	-1314 30	COOK PARKWAY-0	ver brook Hills Y
	18. CAUSE OF DEATH [Enter only one cause per line for (o), PART I. DEATH WAS CAUSED BY:	(D), and (c).]	Lucy Hongh	Distant len and death
	1422.2 DUE TO	jorca ca p	out prairie	Long the state of
	Canditians, if ony, which gove rise to immediate (b)			
	couse (o), stoting the under-			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
FICAT	Pulmonar	y F	Cours	YES NO
CERTII	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	N JIJJURY OCCURRED). (Enter noture of injury in Port I or Part II	of item 18.]
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p. m. 19 Ot work of work	while foc	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	town) (County) (State
	21. I certify that I attended the deceased fram	2-24	, 1957 ta 3-7	, 1957, that I last saw the decease
	alive an	and that death		e causes and an the date stated abov t, city or town, state) DATE SIGNI
	ACTUAL SIGNATURE 1 De Cleve & . Ellis	· /- 1	M.D. Sar Cia Les	12 Mds 3-7-5
	PHYSICIAN'S DR. GILLOR R. Elli	s JR.	Medicial Center-	Salisbury Md.
220	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA SEMOVAL (Specify) 3-8-59 HA	ME OF CEMETERY OF	CREMATORY 2d. LOCATION	N (City, town, or county) AFLORIN PA
23	FUNERAL DIRECTOR'S SIGNATURE ADD	DRESS	24a. REC'D BY REGISTRAL	
11	Olloway Company SAII	SDURG	1 Y C . POTED 1 0 '59	arthur & Health

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DINECTOR: After this certificate has been signed by the attending physician and completely filled in by . Funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58



TO FUNERAL D

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3727 CERTIFICATE OF DEATH

	1)	3	7	2	5
00	de	nis	sion	1	-	-

1. PLACE OF DEATH o. COUNTY	icomico		MAR	YLAND	O. STATE	NCE (Where deceary)	sed lived. If institute b. COUNTY			ssion)
b. CITY OR TOWN (RURAL ond give n Salisb		ts, write	c. LENGTH OF STATE	Y IN 1b		WN (If outside cor	porate limits, write l	RURAL and give	nearest lov	vn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g			31	d. STREET ADD		eet		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Frank		Middl	e Simu a	Last	4. DATE OF DEAT	Mar	nth	Doy 11	Year 19 59
S. SEX		7. MARR	IED A NEVER MARR	IED 🔲	B. DATE OF BIRTH 4/12/190		9. AGE (In years last birthday)	Months Do	EAR IF UND	DER 24 HRS.
10a. USUAL OCCUPATION		done 10b.	_	-	STRY 11. BIRTHPLAC			12. CITIZE	N OF WHA	T COUNTRY
13. FATHER'S NAME Unkno	wn				14. MOTHER'S M	aiden name				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO 0 12 5183		NFORMANT 's.Pauline	Dickers		bury, M	d	
Conditions, if a gove rise to it couse (o), stating lying cause last. Parall. OTI	mmediate (Hy.	for sen	brac ive	Condin (-onha vas cula HETERMINAL DISEA	A close SE CONDITION GIV	VEN IN PART 1(JY. WAS	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY O		D. (Enter noture of in					
Hour o.m.	19	While of work	Not while of work	foo	ctary, street, affice b	ldg., etc.)	1.1	(Cou		(Stote)
actual signature Physician's	at I attended the	195	g., and that	/59 t death	occurred at	Maryla:	om the causes of Street, city or town, nd Avenu	state) 10	date stat	
270. BURIAL, CREMATIO REMOVAL (Specify) Burial	3/14/195	F	M.D. 22c. NAME OF CEN		R CREMATORY		Marylar ATION (City, town, or isbury, M	or county)	(Sto	le)
. F. Stewar	s signature' t Funeral 1	Home.	ADDRESS Salisbury	v. Md	24	MAR 1	TRAR 246. REGIS	STRAR'S SIGNA	2 4	

	TO THE HEALTH SOLD	MATRA TRO STATE O	MALIYAA.	
		ACHTERON		
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t .				
				ACTIVITIES AND A SECOND
				The property of the Ball

FOR STATE HEALTH DEPT.

necessary, please il disctor. Page our files. Bool of Health, M DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is near ecute the contract, withing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral distributed be to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained. UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bowlis designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS.				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3750MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH o. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN if outside corporate limits, write BURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury (Rural) App: 2wks	Salisbury Salisbury
	d. STREET ADDRESS 321 Newton St e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\text{N} \)
NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) FULTON KNIGHT S	SINGLETON DEATH MARCH 14th 19 59
	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IF UNDER 24 HNS.
	March 1st, 1922 37 yrs. 100 13 100 113
Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Laborer - Lumberman Lumber	TRY 11. BIRTHPLACE (Stote or foreign country) Hillsdale N.J. USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward S. Singleton	Martha Kirkpatrick
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11 yes, give wor or doles of service) YES 10. SOCIAL SECURITY NO.	S. Dora R. Singleton (NTTe) 321 Newton St Salisbury, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions. if ony, which gove rise to immediate cause	interval petwern ONSET AND DESTIN
cause lost. (c)	NOT RELATED TO THE YERMINAL DISEASE CONDITION CIVES IN BARY IVADAY
200 EVERBALAL-PALIES WAS	PERFORMED? YES NO X
	Enter notice of injury in Port I or Part II of item 18.)
20c, TIME OF INJURY Month, Day, Yeor 20d, INJURY OCCURRED 20e, PLA Hour o. m. p. m. 3-14 1957 of work	CCE OF INJURY (Home, form, 20f. (City or town) (County) (State) or, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	ove, held on Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Notural causes . Accident	. Suicide . Homicide . Undetermined manner
SIGNATURE COLL YS	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S Dr. Earl L. Royer	ASSISTANT MEDICAL EXAMINER March 28 /1959 DEPUTY MEDICAL EXAMINER A
Burial Mar. 30, 1959 Geo. Washingt	(5,016)
	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
OLLOWAL & COMPANY SALISBURY, MAR	AYLAND DATEMAR 3 1 '59 Outly & House
	b. CITY OR TOWN f outlide corporate limits, write BURAL and give nearest lown) Salisbury (Rural) App: 2wks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) R.D.# Johnson Road NAME OF DECEASED FIRST Middle (Type or print) FULTON KNIGHT S. SEX 6. COLOR OR RACE Married Never Married On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Lumberman Lumber 3. FATHER'S NAME Edward S. Singleton 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. MY YES NOW W. W. II 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (b) Out to couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRINCE ON THE WORK OF DEATH BUT 21. I certify that I took charge of the remains described obtopinion death resulted from: Notural causes Accident Actual Signature EXAMINER'S Dr. Earl L. Royer 20. BURIAL CREMATION. 127b. DATE THEREOF 122c. NAME OF CEMETERY OF REMOVAL (Specify) 20. BURIAL CREMATION. 127b. DATE THEREOF 127c. NAME OF CEMETERY OF REMOVAL (Specify) 20. BURIAL CREMATION. 127b. DATE THEREOF 127c. NAME OF CEMETERY OF REMOVAL (Specify) 20. BURIAL (Specify)

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VS A15 (4) 15M 9/S5

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Hill & Johnson Co. Salisbury, Maryland

norm on T. Baker

Parsons Cemetery

240. REC'D BY REGISTRAR MAR 2 6 '59

246. REGISTRAR'S SIGNATURE Cirimo & Kings

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

(State)

Days

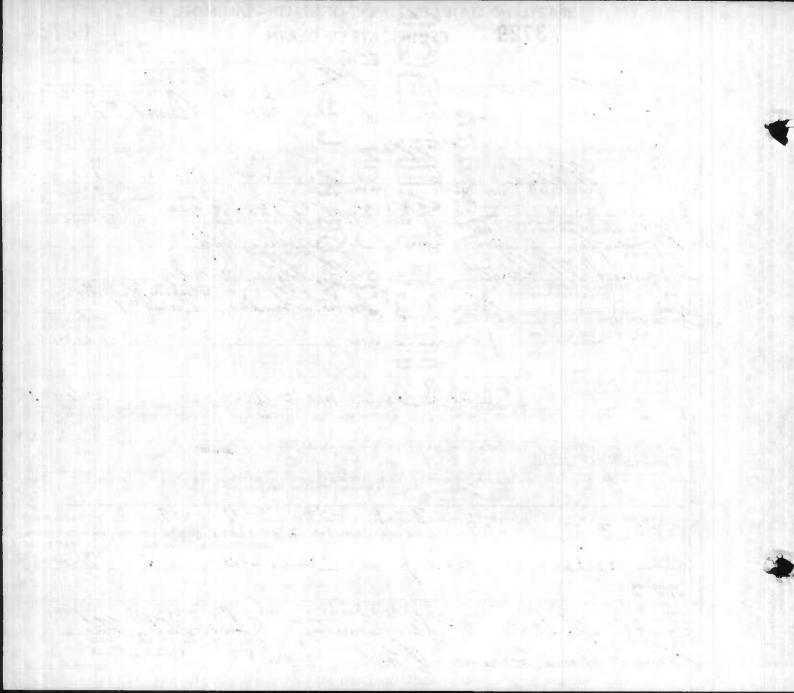
(County)

Months

ON A FARM?

YES NO

Year



NLOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		DR. After this certificate has been signed by the ottending physician and completely filled in b.	with	
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Ö	toined the hospital or attending physician.	DIE	P	pric
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- 10	. PLAC	OF DEATH						ATE	JSUAL RESIDENCE (W	here decease	d lived. If instituti	Reg. Dist. No	
	o. CO	UNTY	Wicom	ico			MARYLAND	0	Maryl Maryl		b. COUNTY		
	b. CIT	Y OR TOWN	(If outside con	porote limi	ts, write		H OF STAY IN 16	C	CITY OR TOWN (IF	outside corpo	prote limits, write R		
-							days		Dento	n		05x-	2,
		ME OF HOSPI INSTITUTION Deer s							d. STREET ADDRESS	Box 1	.90		e. IS RESIDENCE ON A FARM? YES NO [
1	DECE	E OF ASED or print)		Fire	lliam		Middle Alfred	1	lost	4. DATE OF DEATH	Mon		Yeor Yeor
1	. SEX	or printy	6. COLOR				VER MARRIED		Stanley TE OF BIRTH	DEATH	Fiell		8 1959 R IF UNDER 24 H
		ale	Negi		WIDOWE	_	DIVORCED		une 20, 18	or	9. AGE (In years lost birthdoy) 63 yrs.	Months Days	Hours Min
1	Oa. USL	IAL OCCUPATI	ON (Give kin	d of work	done 10b.				11. BIRTHPLACE (Stoke			12. CITIZEN	OF WHAT COUN
	duri	Day La	rking life, eve	m if refired)			Factory		Hurlo	20	aryland	US	
Ī	3. FATH	ER'S NAME					nown	14.	MOTHER'S MAIDEN			00,	
			rison S						Lurenda	Butle	r		
900	S. WAS	DECEASED EV	ER IN U. S. A	RMED FOR	ervice)			INFOR	MANT		Add		
		C-340 P	s W	WI			4-2008	НС	spital Re	cords,	Salis	sbury, Ma	aryland
	18.	CAUSE OF DE	ATH [Enter of ATH WAS CA									INI	TERVAL BETWEEN
	1,	1112 Y	IMMEDIATE	E CAUSE (o	1	roncn	opneumon	ıa					4 days
ı	4	14-1		DUE TO									
		11.1			D,	00112121	ont como	hanl	homonnha	0.0			5 2000
	go	nditions, if o	immediate ((0)		ecurr	ent cere	bral	L hemorrha	ge			5 days
	go	ve rise to se (a), stating	immediate the <u>under-</u>	DUE TO					The Fire		diovascul	lar dise	
	go cou lyir	ve rise to se (a), stating ig couse last.	immediate the <u>under-</u>	DUE TO	Ну	ypert	ensive a	rter	L hemorrha	ic car			ase ?
	go	ve rise to se (a), stating ig couse last.	immediate the <u>under-</u>	DUE TO	Ну	ypert	ensive a	rter	riosclerot	ic car			ase ?
	go cou lyir	PART II. OT ACCIDENT W. CONTRIBUTING	HER SIGNIFIC	CANT CONI	Hy DITIONS CO	ypert	ensive a	rter	riosclerot	ic car	E CONDITION GIV		a.se ?
	go cou lyir 20a. OR (PART II. OT ACCIDENT W. CONTRIBUTING ITHER, NOTIFY	HER SIGNIFIC AS UNDERLYI G CAUSE (MEDICAL EX	CANT CONI	HYDITIONS CO	ypert	CENSIVE &	rter	riosclerot RELATED TO THE TERM ter noture of injury in	ic car	E CONDITION GIV		a.se ?
	go cou lyir 20a. OR (PART II. OT ACCIDENT W. CONTRIBUTING	HER SIGNIFIC AS UNDERLYI G CAUSE (MEDICAL EX	DUE TO (c) CANT COM ING DOF DEATH (AMINER) Doy, Yea	DITIONS CC 20b. DESC	ypert	CENSIVE EING TO DEATH BU	rter	riosclerot RELATED TO THE TERM	ic car	E CONDITION GIV		ase ? 19. WAS AUTOPS PERFORMED? YES \(\) NO
	go cou lyir 20a. OR (IF E	PART II. OT ACCIDENT W. CONTRIBUTING THER, NOTIFY TIME OF INJUI Hour o. m. p. m.	HER SIGNIFIC AS UNDERLYI G \(\text{CAUSE C} \) WEDICAL EX RY Month,	DUE TO (c) CANT CONI ING DOF DEATH (AMINER) Doy, Year 19	DITIONS CO 20b. DESC 20d. IN While of work	VPETT	CENSIVE ALING TO DEATH BU VINJURY OCCURR TURRED 20e. P	rter	CIOSCLE TO THE TERM THE TOTHE	ic car	E CONDITION GIV t II of item 18.) v or town)	/EN IN PART 1(o)	ase ? 19. WAS AUTOPP PERFORMED? YES NO
	go cou lyir 20a. OR ((IF E 20c.	PART II. OT ACCIDENT W. CONTRIBUTING INTERPRIBUTING INTERPRIBUTING INTERPRIBUTING INTERPRIBUTING INTERPRIBUTING O. m., p. m. I certify ti	HER SIGNIFIC AS UNDERLY! GO CAUSE C MEDICAL EX RY Month,	DUE TO (c) CANT CONI ING DF DEATH CAMINER) Doy, Year 19	20b. DESC 20b. DESC 20d. IN While of work	ONTRIBUT RIBE HOW JURY OCC Not we def fram.	Censive a: ING TO DEATH BU VINJURY OCCURR CURRED 20e. P Mile 6 March 9	rter	riosclerot RELATED TO THE TERM ter noture of injury in of INJURY (Home, for street, office bldg., et	ic car Not I or Por To Port I or Por	t II of item 18.) or town)	(County)	ase ? 19. WAS AUTOPS PERFORMED? YES NO
	go cou lyir 20a. OR ((IF E 20c.	PART II. OT ACCIDENT W. CONTRIBUTING INTERPRIBUTING INTERPRIBUTING INTERPRIBUTING INTERPRIBUTING INTERPRIBUTING O. m., p. m. I certify ti	HER SIGNIFIC AS UNDERLY! GO CAUSE C MEDICAL EX RY Month,	DUE TO (c) CANT CONI ING DF DEATH CAMINER) Doy, Year 19	20b. DESC 20b. DESC 20d. IN While of work	ONTRIBUT RIBE HOW JURY OCC Not we def fram.	Censive a: ING TO DEATH BU VINJURY OCCURR CURRED 20e. P Mile 6 March 9	rter	CIOSCLE TO THE TERM THE TOTHE	ic car Nort I or Por Total City A March A M, fror	t II of item 18.) or town) 18 , 1959 in the causes of	(County)	ase ? 19. WAS AUTOPP PERFORMED? YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE
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010000	200. OR ((IF E 20c. aliv	PART II. OT ACCIDENT W. CONTRIBUTING INTER, NOTIFY IIME OF INJUIT Hour o. m., p. m. I certify the	HER SIGNIFIC AS UNDERLY! G D CAUSE C MEDICAL EX RY Month,	DUE TO (c) CANT CONI DOF DEATH (AMINER) Doy, Yeo 19 anded the 18	DITIONS CO 20b. DESC 20b. DESC 20d. IN While of work decease	RIBE HOW	Censive at ING TO DEATH BUT INJURY OCCURRED 20e. Prophile March 9 and that death	rter T NOT I ED. (Ent	riosclerot RELATED TO THE TERM THE NOTIFIE OF INJURY (Home, for street, office bldg., et our red at 8:10	ic car Port I or Por m. 20f. (City c.) March A.M., fror ADDRESS (Sead St	till of item 18.) or town) 18 , 1959 In the causes of treet, city or town, ate Hosp.	(County) that I last s and on the do state)	19. WAS AUTOPS PERFORMED? YES NO.
100 day 100 da	20a. OR (CIFE 20c. ACTISIGN NAM	PART II. OT ACCIDENT W. CONTRIBUTING THER, NOTIFY IIME OF INJUI Hour o. m. p. m. I certify the e on JAL JAL JAL JAL JAL JAL JAL JAL JAL JA	HER SIGNIFIC AS UNDERLYI G CAUSE C MEDICAL EX RY Month, March ON, 22b. DA	DUE TO (c) CANT CONI ING DOP DEATH (AMMINER) Doy, Yea 19 Inded the 18 U.	DITIONS CO 20b. DESC 20b. DESC 20d. IN While of work decease 1955	RIBE HOW OCC Not work of fram	Censive at ING TO DEATH BUT INJURY OCCURRED 20e. Prophile and that death Industrial Prophile Ac Of CEMETERY Control Prophile Ac Of CEMETER CONTROL PROP	rter T NOT I ED. (Ent LACE O Dectory, 1	riosclerot RELATED TO THE TERM OF INJURY (Home, for street, office bldg., et . 1959., to urred at_8:40 Deer's H Salisbur	Port I or Por m. 20f. (Cit) March A.M., fror ADDRESS (See ad St	till of item 18.) or town) 18 , 1959 In the causes of treet, city or town, ate Hospital Court of town.	(County) that I last s and on the do state) ital	2.Se ? 19. WAS AUTOPS PERFORMED? YES NOW (Sto aw the decedate stated about the stated ab
2	200. 200. 200. 200. 21. aliv ACTI SIGN PHYSIGN REM	PART II. OT ACCIDENT W. ACCID	HER SIGNIFIC AS UNDERLYIS G CAUSE MEDICAL EX RY Month, hat 1 atten DN, 22b. DA Mar CS SIGNATUR	DUE TO (c) CANT CONI ING OF DEATH (AMINER) Doy, Yea 19 Ided the 18 V. ITE THEREO Ch 21	DITIONS CO 20b. DESC 20b. DESC 20d. IN While of work decease 19.55	RIBE HOW BUURY OCC of word of fram 22c. NAM Fed	Censive at ING TO DEATH BUT ING THE BUT ING TO DEATH BUT	ED. (Ent	riosclerot RELATED TO THE TERM OF INJURY (Home, for street, office bldg., etc.) 1959, to urred at_8:40 Deer's H Salisbur MATORY emetery	Port I or Por m. 20f. (Cit) March A.M., fror ADDRESS (See ad St	till of item 18.) or town) 18 , 1959 In the causes of treet, city or town, ate Hosp: Tyland TION (City, town, caralsburg	(County) that I last s and on the do state) ital	ase ? 19. WAS AUTOPE PERFORMED? YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE

0

220. BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

1191900

		3731	2.0	CERTI		TE OF DEATH	1	-	Reg. D	ist. No		131
1.	PLACE OF DEATH	comico		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Maryla		L COUNTY		nce before		ian)
	b. CITY OR TOWN (IF	autside carporate limits,	write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside carpo	rate limits, write RUF	RAL and	give ne	prest town)
	Salisbu			29 days		Secretary	7	0	9 x			1 72
	OR INSTITUTION	AL (If not in haspital, giv Head State				d. STREET ADDRESS						DENCE FARM?
	NAME OF DECEASED (Type or print)	First Charl	es (WesleyMiddle	1	Stevens	4. DATE OF DEATH	Month March		3		rear 19 59
	Male Male		VIDOWE	D DIVORCE		3/28/1887		last birthday) 77 yrs.	F UNDER Manths	Days	IF UNDE Hours	R 24 HRS. Min.
1	during most or works	N (Give kind of work doing life, even if refired)	ne 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stole of Maryland		ountry)	100	TIZEN C	F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME		9.3			
		Stevens				Sarah (
IS. Ye	WAS DECEASED EVER	IN U. S. ARMED FORCE If yes, give war or dates of serv	S? 16. 5	SOCIAL SECURITY NO	. 17. 18	FORMANT Hospital	Reco	rds Addres	s			
		TH [Enter only one cous H WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO TO, which) (b)_		e for (o). (b). and (c). arcinoma o		ng (right)					RVAL BE	
-	gave rise to im cause (a), stating to lying cause last.	he under-										
CERTIFICATION						NOT RELATED TO THE TERMIN			N IN PAR	(T 1(a) 1	PERFO	AUTOPSY RMED? NO T
	OR CONTRIBUTING	CAUSE OF DEATH	Ob. DESC	RIBE HOW INJURY OF	CCURRED	. (Enter nature of injury in P	art I or Part	11 of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Year	20d. IN While at wark	Nat while	20e. PLA fact	CE OF INJURY fHame, farm, tary, street, affice bldg., etc.	20f. (City	ar tawn)	(County)		(State)
		arch 3	, 12.5	9, and that		occurred at 8:45P	_M, from		d on t		le state	
	SIGNATURE	G. Hor	any Ch	K. G.	A	A.O. Deer's	Head	State_Hos	pita	1	3/4	159
	PHYSICIAN'S NAME (Type)	G. Kosmahi	lv.	M. D.		Salisbu	rv. M	arvl and				

222 NAME OF CEMETERY OR CREMATORY

ADDRESS

22d LOCATION (City.

'59

24b. REGISTRAR'S SIGNATURE

arthur S. Frans

240. RÉC'D BY REGISTRAR

PATEMAR 6

moy be retained to FUNERAL DIR page 3 should be the registror priar t TO HOSPITAL OR VS A15 (4) 15M 10/57

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	The second second		
			3100 378 1 24

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		-	W	-	J.L.

3729 CERTIFICATE OF DEATH

	UIU	<u> </u>						Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY	Vicomico		MARYLA	11	USUAL RESIDENCE (No. STATE		d lived. If institution b. COUNTY	-	e before od	lmission)
b. CITY OR TOWN	(If outside corporale lim learest town) ISOUTY	ts, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (I	f oulside corpo	prote limits, write R	URAL ond g	ive nearest	town)
OR INSTITUTION	TAL (If not in hospitol, of Head State				d. STREET ADDRESS	Box 45	4		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Gra		Middle		Taylor	4. DATE OF DEATH	Mon Mar		Doy	Yeor 19 59
5. SEX Male			RIED NEVER MARRIED		Taylor ATE OF BIRTH June 1, 18	889	9. AGE (In years lost birthday) 69 yrs.	IF UNDER	YEAR IF U	INDER 24 HRS.
10a. USUAL OCCUPATI during most of war	ON (Give kind of work rking life, even if retired	done 10b.	. KIND OF BUSINESS OR	INDUSTRY		th, Md		12. CITI	ZEN OF W	HAT COUNTRY
3. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
	ge Taylor					Vilkins				
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFO	mant spital Rec	eords,	Add Salisbury		yland	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO) (oronary occ	lusio	n				INTERVA ONSET A	L SETWEEN AND DEATH
Conditions, if a gove rise to it cause (a), stating lying couse last.	ony, which (bimmediate	Art	teriosclerot	ic ca	rdiovascul	ar dis	ease		?	
Z Z	HER SIGNIFICANT CON Osteomy	olitions .	contributing to death					EN IN PART	PE	AS AUTOPSY REFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	SCRIBE HOW INJURY OCC	URRED. (Er	iter nature of injury i	n Part I ar Part	t II of item 1B.)			
20c. TIME OF INJUI Haur o. m. p. m.	RY Manth, Day, Ye	20d. I While of wor	Not while	le. PLACE (foctory,	OF INJURY (Home, fa street, affice bldg., e	etc.)		(Co	ounty)	(Stote)
19.0	not I attended the rch 1			eath acc	urred at 8:10	ADDRESS (SI		nd an th	ast saw t e date st	he decease tated abave DATE SIGNE /2/59
PHYSICIAN'S NAME (Type)	V. Juerman	, M.	D.		Salisbu	ry, Mar	ryland			
220. BURIAL CREMATIC REMOVAL (Specify)	3.5.50	F	200 NAME OF CEMETE	THE S	Lawy	22d. LOCAT	CON (City, lown, o	r county)	(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24a. RE	C'D BY REGIST	0	TRAR'S SIG		

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afti may be retained, the hospital or attending physician.

TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld by astached for use as the burial-transit permit. Then please remove each an pages 1 and 2 shifther registrar prior to burial, cremation, ar removal, and in any event within 72 yours after death.

ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4

VS A15 (4) 15M 10/57

		TRATED TIATE	
and and	ATEON DEATH		
	42		
	and design to a miner bridge		
		* *	
	American Salar		

7	MARYLAND STATE DEPARTA	NENT OF HEALTH—BALTIMORE, 18
* ce 1	3733 Item 1 FilmG2 CERTIFIC	ATE OF DEATH Reg. Dist. No.
Page directa	1. PLACE OF DEATH o. COUNTY ///COMICO MARYLAND	2. USUAL RESIDENCE (Where decreased lived. If institution) Peridence before admission) o. STATE b. COUNTY CAMIONA
death.	b. CITY OF TOWN (If outside corporate limits, write RURAL and gife neglest town)	c. CITY OR TOWN (If Cythyde corporate fimits, write RURAL and give nearest town)
d 2 sh	d. NAME OF HOSPITAL (If parin hospitol, give street oddress) OR INSTITUTION 727 Dennis St. (Boarding House)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 727 Sunset Therefore YES NO
illed in	3. NAME OF DECEASED (Type or print) Raumand Middle	Taylor 4. DATE Month Day Year Of DEATH March 26 1969
d withir seletely f	S. SEX SCOUR OF TACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE In yeors IF UNDER 1 YEAR IF UNDER 24 HKS. lost brithday Months Doys Hours Min.
d comp n paper death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY (1). BIRTH LACE (Stole of foreign county) 12. CITIZEN OF WHAT COUNTRY?
cion and cion and carban	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ng physi remave 72 haur	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Address Snowthill and
attendiin n please within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	212 Confee Fund#2 INTERVAL BETWEEN ONSET AND DEATH
by the it. Then y evening	Conditions if any which	tension - Unk
signed in ar	gove rise to immediate couse (a), stating the under-lying couse lost.	Vitenoseleuris und
shysicia obysicia obysicia obysicia obysicia obysicia obysicia	, (-)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)
AN: The nding pricate he buring ar reme		D. (Enter noture of injury in Port I or Port II of item 18.)
HYSICI, ar afferis certificity use as the mation,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o, m. 20e. P While Not while	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
DING P haspital After th sed for ial, crei	21. I certify that I attended the deceased from Pull	1. 193, to Mar. 25, 195 9, that I last saw the deceased
DR: the land	ACTUAL SOLLAND BUT TO BOY	accurred at JC M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED
AL OR	PHYSICIAN'S V The Sandal	40 - 10 - 10 muser of Julisting has 12610
HOSPIT Dy be re UNER! ge 3 sh	PO BURIAL CREMATION, 27b, DATE THEREOF 220 NAME OF CEMETRRY CORES	OR CREMAPORY 22d. (CCATION (City, Jown, or county) (Stote)
O E O E E	23. FUNERAL DIRECTOR'S SIGNATURE JAODRESS	CHIMILITY SHOWLY LED MG 24b. REGISTRAR'S SIGNATURE MAD D. O. 150
15M 10/57	They or genms snowelly	My DATE MAR 3 0 '59 ariling & the

		DETAIL OF	AUT O	
	The second	The second		
				attitud.
	and the second			

	3734		CERTIFI	CATE OF I	DEAT	Н		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAN	O STATE	Mary		l lived. If instituti b. COUNTY		LCOM		ion)
b. CITY OR TOWN RURAL ond give	(If outside corporate liminagrest town) Salisbury	ts, write	c. LENGTH OF STAY IN	c. CITY OR		outside corpor	rote limits, write R	RURAL ond	give nec	rest towr	()
	PITAL (If not in haspital, g		St	d. STREET	ADDRESS	Mitch					FARM?
3. NAME OF DECEASED (Type or print)	FRAN		Middle BARRANCO	TESTA		4. DATE OF DEATH	MARC		3rd	,	Yeor 19 59
s. sex Female	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED [3.6 3			9. AGE (In years last birthdoy) 95 yrs.	Menths Menths	Day L	Hours	Min.
10a. USUAL OCCUPA during most of w HOUSE	TION (Give kind of work orking life, even if retired NOPK at HO	done 10b.	KIND OF BUSINESS OR IN None	Cefa		or foreign co Italy	ountry)	12. CI	Ita Ita		OUNTRY
13. FATHER'S NAME Giovani	ni(John) B	arra	nco	14. MOTHER			Maghiol	La			
1S. WAS DECEASEDE (Yes, no or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO. M	r.John I Salish	esta ury,	(Son) Maryl	407 Reand	ÿal	St.		
Conditions, if gove rise to couse (o), stotin lying couse los	immediate graph DUE TO	5	enity	BUT NOT RELATED TO	O THE TERM	MINAL DISEASE	E CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO	RMED?
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (Enter noture	of injury in	Port 1 or Port	II of item 1B.)			YES []	№ []
20c. TIME OF INJ	1.	20d. 11 While of wor	Not while	PLACE OF INJURY foctory, street, office	(Home, form te bldg., etc	m, 20f. (City	or town)		(County)		(Stote
21. I certify alive an	that I attended the	deceas	11/	19ath accurred at	1:48 1 27	AM, fram ADDRESS (St	the causes ar reet, cityor town.	that I I nd on the stote) Maj	ne date	stated	
	Or. Andrew		Mitchell	Maryla	nd A		Salisbu				
220. BURIAL, CREMAT REMOVAL (Special BUT 18)	Mar. 5,1		Wicomico		7	k Sa	lisbury	, Mar	ryla		e)
23. FUNERAL DIRECTO HOLLOWAY		SA	ADDRESS LISBURY MA	RYLAND	24a. REC	MAR 6	59 24b. REG	ISTRAR'S S	J. H.	KE ALLA	

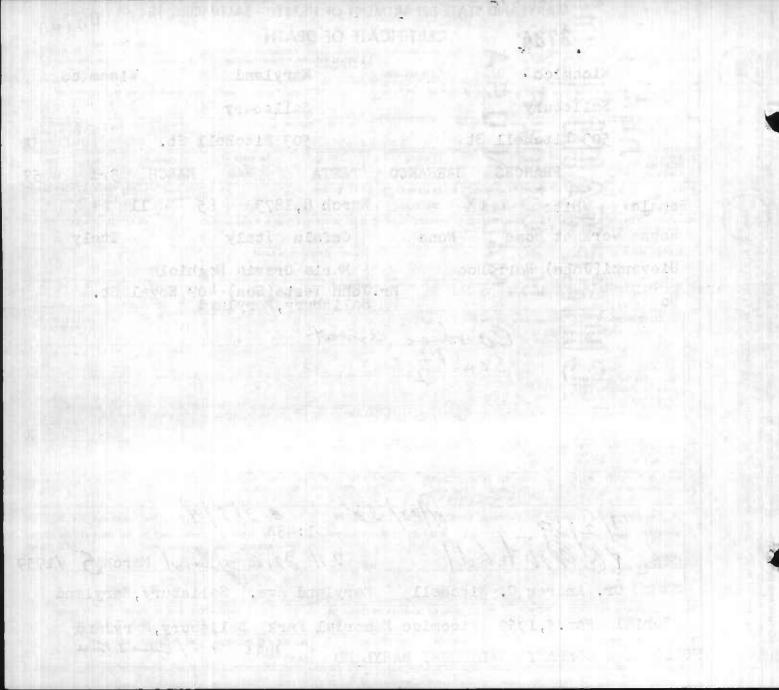
completely filled in by papers. Pages 1 and 2 requires that the death certificate be executed within 24 haurs TO HOSPITAL OF ATTENDING PHYSICIAN: The law regermany be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detached for use as the burial-transit permit. Then please remove carbon page 3 should be detached for use as the burial-transit permit. Then please remove carbon page 3 should be detached for use as the burial-transit and in any event within 72 haurs after a VS A1S (4) 1SM 9/SB

death. Page 4

uneral director, Id be filed with

should be



completely filled in by in fundapers. Rages 1 and 2 should

the attending physician Then pleose remove carl event within 72 hours

permit. in any

ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

y the hospital or ottending physician.

detoched far use as the burial-transit

TO FUNERAL DIRE.

VS A15 (4) 1SM 9/58

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TO HOSPITAL OF may be retain remayal,

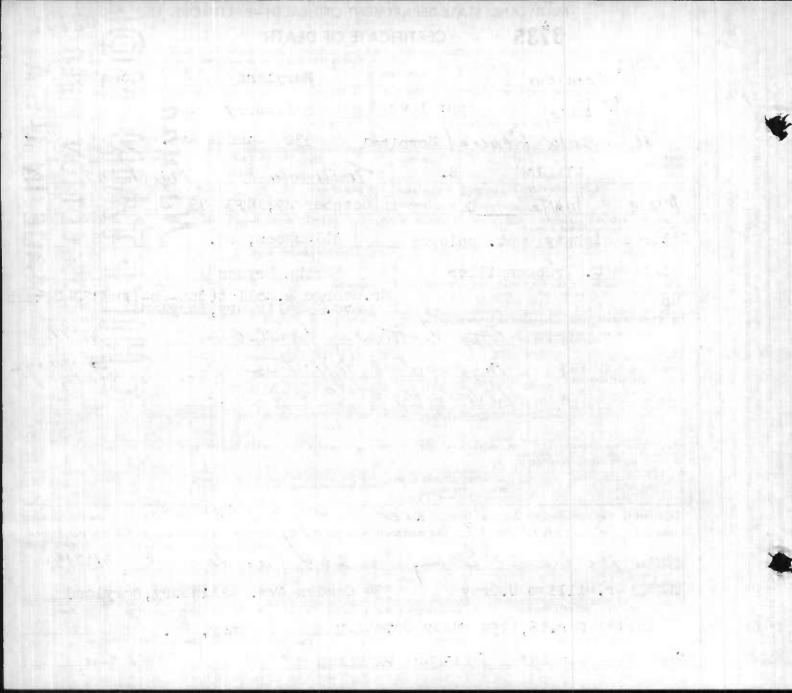
prior to burial, cremation, ar

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3735

CERTIFICATE OF DEATH

• • • • • • • • • • • • • • • • • • • •	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY
Wicomico MARYLAN	Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL of givefineores town)	b c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)
Salisbury App: 1 wk	1/2 Salisbury
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HE NINSULA GENERAL HOSPITAL	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{NO} \)
3. NAME OF DECEASED (Type or print) WILLIAM B.	Truckenmiller DEATH Manth Day Year DEATH March 12 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED X . DWORCED D	lost burthday) Manths Days Haurs Min
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR IN during most of warking life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Highway Dept. Employee	Allenwood, Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Truckenmiller	Martha Bryson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (It yes, give war or dates of service)	Mr.George A.Wallet(Son-In-Law)332 Camde
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cular Abullalem ONSET AND DEATH
420.1 DUE TO 7	. 01 - 1211
Conditions it any which I have andea	I maretina gay
gove rise to immediate Que TO	
lying couse lost.	nu P-V messes.
(6)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	PERFORMED? YES \ \ \ NO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Part I or Port II af item 18.)
COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Hame, form, 20f. (City or tawn) (Caunty) (Stote)
Hour a.m. While Nat while	foctory, street, office bldg., etc.)
p. m. 19 at wark at wark	
21. I certify that I ottended the deceased from.	1938, to March 71, 1937, that I lost sow the deceased
alive on Much 12, 19 57, and that dec	ath occurred of 100M, from the causes and on the date stated obove.
he s' De.	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Hellaun Treus	M.D. 3 34 Canden Cine 3/12/59
PHYSICIAN'S Dr. William D. Gray	334 Camden Ave. Salisbury, Maryland
22c. NAME OF CEMETER'	
REMOVAL (Specify)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY N	MAD 1 6 '50
HOLLOWAY & COMPANY SALISBURY M	IARMIANII DALLA



e. IS RESIDENCE ON A FARM? YES NO

> Year 19 59

Reg. Dist. No.

stitution: Residence before admission) Wicomico rite RURAL and give nearest town)

Doy

11 IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

YES NO

(Stote)

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

USA

GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?

(County)

Month

day)

yrs.

Address

Route

	~		•	3736	III OL	CERT	IFIC	ATE OF DEAT	Н	
director	X		PLACE OF DEATH	licomico		MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Maryla		d lived. If in b. COI
be f			CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo	rate limits, w
Fun				hurv		6 days		X Eden		
6	93		OR INSTITUTION	AL (If not in hospital,	give street	address)		d. STREET ADDRESS		
9 20	0.04			la Gen. Ho	SD			Route # 2	2	
illed in			NAME OF DECEASED (Type or print)	Seymore	rst	Middle		lost	4. DATE OF DEATH	
Poges		5. 9	EX	6. COLOR OR RACE	7. MARE	NEVER MARRI		B. DATE OF BIRTH		9. AGE (In)
s.			Male	Negro	WIDOWI			6/10/1900		lost birthe
nd comple in popers.		10a	during most of work Farming	ON (Give kind of wark king life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUS	South (
corban	5 / 1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN		
icion e cor	1 000		Clarence	Wallace				Ellen	Boulso	n
ottending physician and campletely fill please remove carban papers. Pages within 72 hours often doots		15. {Yes		R IN U. S. ARMED FOR (If yes, give wor or dotes of s		SOCIAL SECURITY NO		NFORMANT S. Mary Walls	ace. Ed	len. Mo
certificate has been signed by the attendi s as the burial-transit permit. Then pleas tion or removal and in pay event within		L CERTIFICATION	PART I. DEA 420 . I Conditions, if or gove rise to it cause (a), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	The under- the under- ter Significant con Significant con Cause of Death Medical Examiner	pitions c	Mysc Mysc Julysc Julysc Derleu	and	Throw lial Juf	lower and and analysis analysis and analysis analysis and analysis	E CONDITION
this cert r use as		MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	While	Not while	20e. PLA fac	ACE OF INJURY (Home, for tary, street, affice bldg., et	m, 20f. (City	or town)

21. I certify that I attended the deceased fram. Mlari 6, 190 199 Z, that I lost saw the deceased , and that death occurred of 2 23 M, from the causes and on the dote stated above.

22c. NAME OF CEMETERY OR CREMATORY

Jordan Bantist

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) Herbert G. Sembly, MD

220. BURIAL, CREMATION, 22b. DATE THEREOF

22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify) Buria

ADDRESS

Funeral Home, Salichury

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

TO FUNERAL DI poge 3 should the registrar pri VS A15 (4) 1SM 10/57

O HOSPITAL

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

haspital or ottending physician.

	LANG TO THEM	ID STATE DEPAR	(ALIYSIA)	
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1				
· • • •	A CONTRACT OF THE			
			u-je .i	

uneral directar,

be filed

Pages 1 and 2 should

may be retained. The haspital or attending physician.

D FUNERAL DIRYSTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR may be retaine TO FUNERAL DIR.

VS A1S (4) 1SM 9/SB

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

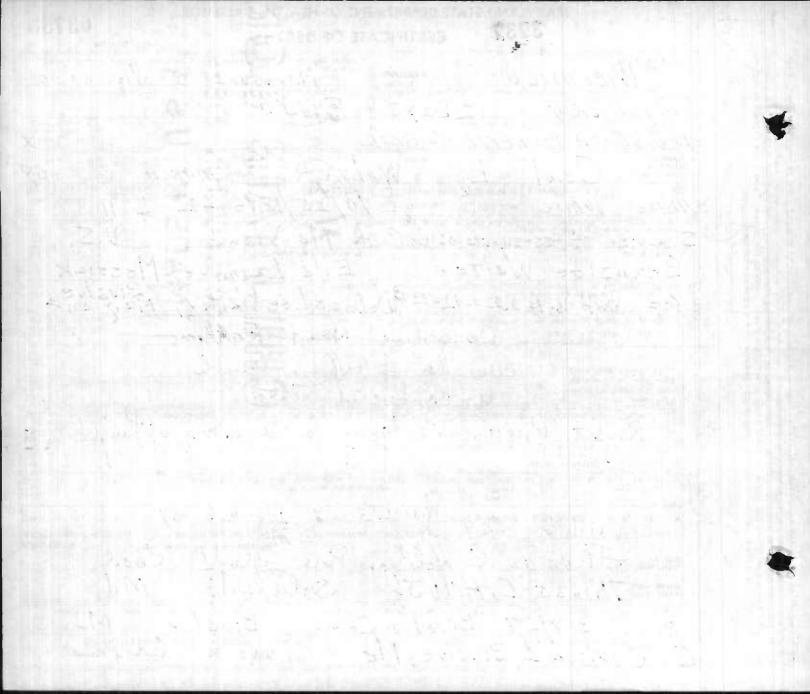
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3737
CERTIFICATE OF DEATH

03736

CERTIFICATE OF DEATH Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY O. COUNTY O. COUNTY O. MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution, Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b SALAS OUR PLANS OF STAY IN 1b	c. CITY OR TOWN (If/outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION TENINSULA GENERAL HOSPITAL	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF DECEASED (Type or print) First Middle	ALTER A. DATE Month Day Yeor OF DEATH MARCH 6, 1959
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Haurs Min. 18 96 Yrs. Months Doys Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Beynsite Walter	Ela Laxmere Messick
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or doles of service)	about Lee Walter, Marxiana
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Heart Rathure "Interval Between onset and DEATH
	Conditions, if ony, which gove rise to immediate	brillation with
	lying couse last. (c) Un Control	led Rate
	3 Right Preumonector	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO DELL'AMORTO OF THE PROPERTY OF THE PROPERT
	© OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from March alive an March 6, 1957, and that death	
	ACTUAL Thomas C. Hell	M.D. Pule Suffer (sity or town, stole) DATE SIGNED
	PHYSICIAN'S Thomas C. Hill JX	Sales leuly, Md,
	220. BURIAL, CREMATION, 226. DATE THEREOF 226 NAME OF CEMETERY OF BURIAL (Specify) 3/8/5/8 BURIAL (Specify)	R CREMATORY 22d, LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS MELLER ME	DATE MAR 9 '59 Cuthun & Trans



TO HOSPITAL OF

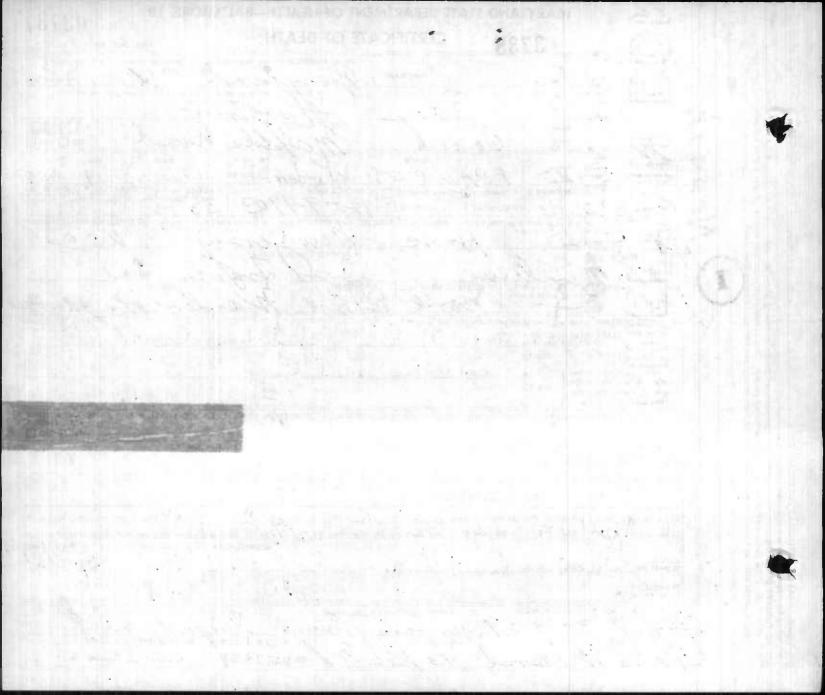
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3738	<u> </u>		Reg. Dist. No.
1. PLACE OF DEATH g. COUNTY; /		2. USUAL RESIDENCE (Where deceased live	ed. If institution: Residence before admission)
Wicomico	MARYLAND	manylan	6. COUNTY W/ Cornece
 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 16	of CITY OR TOWN TIF autside corporate	limits, write RURAL and give nearest tawn)
Salisbury	3 days	1 Attantor	M
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	Poal o. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED First	Middle	Lost 4. DATE OF	Month Day Year
S. SEX 6. COLOR OR RACE 7. MAR	MAN CEN	Marden DEATH	March 19 1959
s. sex 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12-9-1903 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS. If UNDER 24 MRS.
10o. USUAL OCCUPATION (Give kind of wark dane 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11-BIRTHPLACE (State or fareign count	12. CITIZEN OF WHAT COUNTRY?
at Home	Hone	Hew first	y usa
13. FATHER'S NAME		14 MOTHER'S MATDEN NAME	L P
At for Ma allele	e .	John John	ces tel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes ho or unknown) (If these, give wor or dates of service)	SOCIAL SECURITY NO.	NFORWANT OF THE PROPERTY OF TH	Address State 1/2-22
18. CAUSE OF DEATH [Enter only one couse per I	ine far (o), (b), and (c).]	1	LIMIERVAL SETWEEN
PART I. DEATH WAS CAUSED 8Y:	0 .1	· Doludation	ONSET AND DEATH
IMMEDIATE CAUSE (o) DUE TO	- COMPE	a , oc magazit tesas	, which
Conditions if any which	Dicheton	1200	
gave rise to immediate	No constant	Trush tas	
lying course last			
(e)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
JIK.			PERFORMED? YES AND T
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part 1 or Part II	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Manth, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City ar	tawn) (Caunty) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. Hour o. m. 19 While of wa	Nat while	ctary, street, affice bldg., etc.)	
21. I certify that I attended the decea	sed fram March	16, 1959, to Warch	19, 1959, that I last saw the deceased
alive an March 19, 19	59, and that death	151	causes and an the date stated above
40	. Land mar deam		t, city pr-town, state) DATE SIGNED
SIGNATURE CLANICIS C	· Hill fr.	M.D. Puie Bluf.	1 Road 3/20/59
PHYSICIAN'S NAME (Type)	U	Salisbury	! md.
PREMOVAL (Specify) 3 - 23 - 59	22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATIO	(City, town, ar county)
28. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS)	24a. REC'D 8Y REGISTRAJ	24b. REGISTRAR'S SIGNATURE
Karles W. Marret	- Skarffere	DATMAR 2 6 '59	arthur S. Horans



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VS A15 (4)

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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3739 CERTIFICATE OF DEATH

03738

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY b. COUNTY Wicomico Maryland MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest_town) Salisbury Salisbury d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Pen Gen Hospital Delmar Road YES NO NAME OF 4. DATE First Middle Manth Year DECEASED LOUIS WETZEL RICHARD (Type or print) DEATH MARCH 16th 19 50 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Male WIDOWED I DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Employee-Auto Garage-Body Repair Washington D.C. S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Wetzel Catherine McCarty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Reverbard F. Wetzel (Brother) 3301 Solly Ave. Phila 36.Pa. Yes 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) Haur o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from ... 1957 that I last saw the deceased 9 km, fram the causes and an the date stated above. alive an and that death accurred at ACTUAL SIGNATURE PHYSICIAN'S Dr. William B. Smith Medical Center Salisbury Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) Mar. 18, 1959 Wicomico Memorial Park Salisbury. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR HOLLOWAY & COMPANY SALISBURY MARYLAND

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TO FUNERAL

page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03739

3740 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Maryland Wicomico b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? 411 Mitchell St YES NO TX NAME OF Middle 4. DATE Year Manth CANNON DEATH (Type or print) 195 nancy IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months July 22,1876 Days WIDOWED IX DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Employee of County Court House Salisbury, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elihue Sarah Kimmey White Miss. Helen White-Daughter-4249 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Walnut (Yes, no, or unknown) Unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO is Enecroticalou. Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO W 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur a. m. While Nat while of work of work p. m. 21. I certify that I attended the deceased from.__ ., 19___,that I last saw the deceased P_M, fram the causes and an the date stated above. and that death accurred at_

alive on

0

ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

PHYSICIAN'S Dr. William H. Fisher Jr

Mar. 31.1959

Medical Center Salisbury, Maryland 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

-R.D.# Salisbury Maryland

VS A15 (4) 15M 9/5B

HOLLOWAY & COMPANY

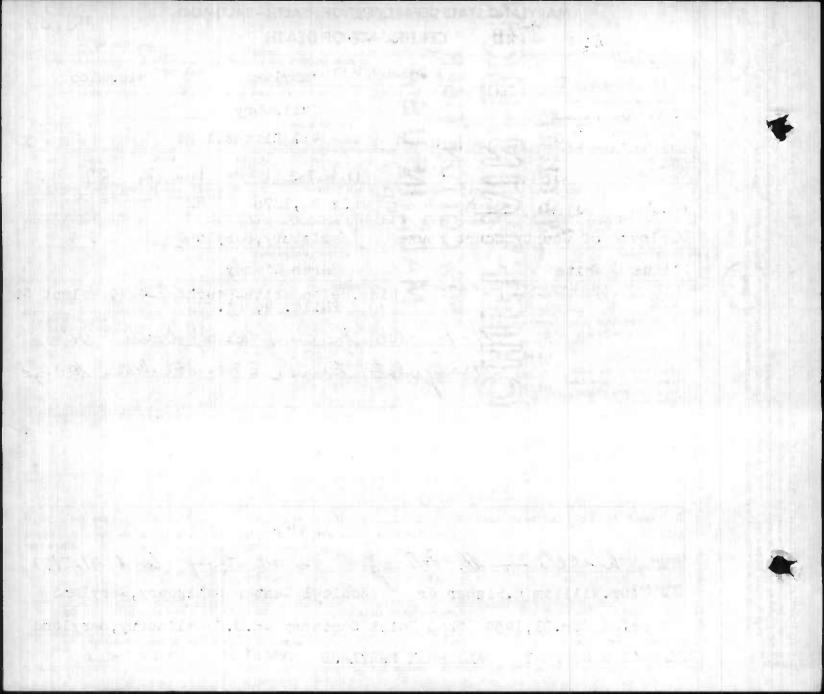
220. BURIAL, CREMATION, 22b. DATE THEREOF

SALISBURY MARYLAND

Shad Point Cemetery

DATEMAR 3 1 '59

arthur & Kraus



VS A15 (4) 15M 10/57 Pag Dist No

3741 CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (V		. If institution: Residen	ce before admission)
y	Vicomico	MARYLAND	MAR	ZYIANA	W	Comico
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limits, write orest town)	c. LENGTH OF STAY IN 16	c. CHYLOR TOWN (IF	oulside corporate li	mits, write RURAL and q	give nearest town)
	burn	30 yrs	12 DAlis	bury		
d. NAME OF HOSPITA	AL (If not in holpital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
(203 KOSE	St	1603 Ko	SE 121		YES NO D
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year
(Type or print)	Mittie		Villiams	DEATH	3	10 1959
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	1 1 1 1	I YEAR IF UNDER 24 HRS.
FIN	AA, WIDOW	PED DIVORCED	4-24-18	97 6	yrs. Months	Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b.	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stol	e or foreign country)	12. CIT	ZEN OF WHAT COUNTRY
House	- 10-	HXMF	Morth	(APAL)	110	11.50
13. FATHER'S NAME		7.70	14. MOTHER'S MAIDEN	NAME O		11.0,471
Panal I	VEREH		Poisrille	0	Eldale	2.
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(Yes, no, or unknown)	If yes, give war or dates of service)	NO				
	TH [Enter only one couse per l	ine for (o), (b), and (c).]	_		\	INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rouary U	belong Ni	slase)	1-2 day
420.1	DUE TO					1
Conditions, if on		, 🔾	4			9
gove rise to in couse (o), stoting t	mediote (A 0	A-(0,0.	0	V	7
lying couse lost.	(c) (c)	recesselve	olle arki	ovasente	w Allslan	Ai
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BI	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION CIVEN IN PART	1(6) 19. WAS AUTOPSY
PANT II. OTH	Weale	the Mel	lilus			PERFORMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE/OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port 1 or Port II of	item 1B.)	1
20c. TIME OF INJURY Hour o. m.	While		PLACE OF INJURY (Home, far factory, street, office bldg., e	m, 20f. (City or tov tc.)	vn) (C	ounty) (Stote)
p. m.	19 of wor	rk ot work				
21. I certify the	at I ottended the deceos	sed from Qu	, 195 8, to	Feb	, 19 59, that I	ost sow the deceosed
olive on	1 Du 195	29 , and that dea	th occurred of 7:30	A_M, from the		ne date stated above
(10	$\int \int $	1) 1		ADDRESS (Street, c		DATE SONED
ACTUAL SIGNATURE	dolus & 210	rellerin	M.D.	ELLUTT	F Kd.	3/10/59
PHYSICIAN'S	00 - 11.	20 11-6-	7 1	1		7
NAME (Type)	Utus DILT	A KONEA JK	544	ISHUR	V Ma.	
220. BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION	City, Igwn, or county)	(Stote)
REMOVAL (Specify)	13-15-59	GREEN ACRE	MEMORIAL PAR	* JAli	5 hure	NId
23, FUNERAL DIRECTOR'S	SIGNATURE	ADORES3	240. REC	D BY REGISTRAR	24b. REGISTRAR'S SIC	NATURE
J.F. Stewar	FUNERAL HA	n= JAlishu	DATES	n 1 7 '59	arthur 8	Krauge.

		CIG-STAD				
		Party.				
= 110 =)					
	7.00					
				37 -2	1-8	
		1 - 1	1.15			473

FOR STATE HEALTH DEPT.

cetor. Page ctor. Page your files. and of Health, M UTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nated to the control of the foreign of

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TO DEPL	execut	4 shou	TO FUN	
VS.		151		
38	n a	17.3		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

I. PLACE OF DEATH	014	4		2. USUAL RESIDENCE	(Where deceased live	d. If institution: Resid	ence before admission)
. COUNTY	िहारी	omico	MARYLAND	O. STATE MOY	vland	b. COUNTY WIT CO	omico
b. CITY OR TOWN and give nearest to	Ill outside corporate limits, wri		NGTH OF STAY IN 16		-	limits, write RURAL on	
-	lisbury			126711 We	stover C	ircle Sa	alisbury. Mo
	PITAL OR INSTITUTION	(If not in hospital, g	ive street oddress)	d. STREET ADDRES	S		e IS RESIDENCE ON A FARM?
614	Westover	Circle		614 V	Vestover_	Circle	YES NO
3. NAME OF DECEASED (Type or print)		rat	Middle WT 1	son	4. DATE OF DEATH	Month 3- 17.	Doy Yeor
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8		9. AG	E (In years IF UNDER	
M	С	WIDOWED [DIVORCED	2-22-	//	48 yrs. Months	Doys Hours Min.
	TION (Give kind of work king life, even if retired)		F BUSINESS OR INDUST	RY 11. BIRTHPLACE (SI	ote or foreign country)	12. CIT	ZEN OF WHAT COUNTRY?
13 FATHER'S NAME	Wels	m		14. MOTHER'S MAIDE	N NAME fre	ker	
15. WAS DECEASED	EVER IN U. S. ARMED FO		15 SECURITY NO. 17, 18	HORNANT	W SU	Address	
IB. CAUSE OF D	EATH [Enter only one co	uso per line for (o),	(b), ond (c).]				INTERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY:	Cere	ebfal eden	ıa			Hours
600.0		·/					
Conditions, if		TTee	mia				Days
gove rise to imr	mediate cause						
(o), stating the	onderlying		ronephros	6-Prosta	tic Hyper	rtrophy	Years
PART II. C							TT 1(0) 19. WAS AUTOPSY PERFORMED?
3							YES X NO
PART II. C	ONTRIBUTING [0b. DESCRIBE HOW	INJURY OCCURRED. (E	nter nature of injury in	Port 1 or Port II of iten	n 18.)	
20c. TIME OF IN Hour a. I	m.	While	OCCURRED 20e. PLA	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (City or tovotc.)	vn) (Co	unty) (Stote)
21. I certify	that I took charge	e of the remai	ns described abo	ve, held an Auto	psy X. Inspec	tion A. Inqui	ry A, ond in my
opinion deal	th resulted from:	Notural cause	Accident [, Suicide ,	Hamicide,	Undetermined	manner 🗌
ACTUAL SIGNATURE	Kail	12-10-		_M.D. CHIEF MEDICAL			DATE SIGNED
EXAMINER'S NAME (Type)	Earl L R	loyer,	.D.		AL EXAMINER X	3-1	9-59
220, BURIAL, CREMA REMOVAD Spec	110N, 22b. DATE THERE	59 20c. N	DONNEYOR CEMETERY, OR	CREMATORY	22d. LOCATION (City town or county)	(Stote)
23. FUNERAL DIRECT	OR'S SIGNATURE	Smil	Coness !	24g. R	EC'D BY REGISTRAR	246. REGISTRAR'S SIG	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3743 CERTIFICATE OF DEATH

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)
Wicomico MARYLAND	Maryland Talbet
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury 2 Years	Oxford 20x-2
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Springhill Sanitarium	Box 116 ON A FARM? YES □ NO ☑
3. NAME OF First Middle	
DECEASED	Lost 4. DATE Month Day Year
	11son, Sr. DEATH March 25, 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male White WIDOWED DIVORCED	1-25-1871 88 yrs. 1
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired Machinest Pumps	Scotland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mhama Lid I ann	Acros Pasan
Thomas Wilson 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no. or unknown) (II yes, give wor or dates of service)	
NO	Mrs. Mary Welcker, Oxford, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Poular receal Viscoso ONSET AND DEATH
442 × DUE TO	
Conditions, if ony, which)	
gove rise to immediate	
lying cours lost	
, (c)	
OF TAME II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour a.m. p. m. 19 While Not while of work of work	octory, street, office bldg., etc.)
	50 2 25 50
21. I certify that I attended the deceased fram. 4-19-	Partition of the first of the f
alive an 195 / and that deat	h accurred at 10:30 M. Hom the causes and an the date stated above
- Po 4 1	ADDRESS (Street, city or town, state) DATE SIGNE
SIGNATURE / Celos 4 fuster	M.D. East Main St., Salisbury, Md.
auvername /	
PHYSICIAN'S NAME (Type) Dr. Philip A. Insley	Salisbury, Maryland
20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	
Cremation 3/28/59 Wm. Lee's Cr	(31016)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
	24a. REGISTRATE SIGNATURE
Hill & Johnson Co. Salisbury, MAryland	DATE
norman & Baker	

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